FY98
Medical Records
Book

DSS BTSO/Development

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AUDIENCE / PURPOSE OF THIS DOCUMENTATION

This documentation of the FY98 DSS Medical Records Encounter Fields is to assist persons using the TSI VHA DSS Application for analyses of various types. These analyses span from defining risk-adjusted entities for product line selling or buying, to analyzing annual VAMC productivity at the case level, and defining populations for clinical indicators, critical pathways or episodes of care.

The intended audiences include: DSS Clinical Coordinators, DSS Site Managers, DSS Program Staff, and others interested in the sources and uses of data fields in DSS patient encounter records.

EXECUTIVE SUMMARY FOR DSS SITE TEAMS - CONTENTS

Please also see FY98 Medical Records Executive Summary For VISN Managers on the DSS Bulletin Documents file; Guidelines folder; 98mrexec.doc.

EXECUTIVE SUMMARY OF THE FY98 ENHANCEMENTS TO DSS MEDICAL RECORDS

I. In FY98, DSS has added seven major functional enhancements to its previous Medical Record handling:

1. Adding Year 2000 compliance.

2. Adding Inpatient Surgical CPT code to the Medical Records side.

3. Add a new inpatient provider field for residents (Primary Ward Provider) and one for Discharge Attending information.

4. Enhance the manner that inpatient provider changes (of both attending and ward provider) within a treating specialty are tracked on DSS.

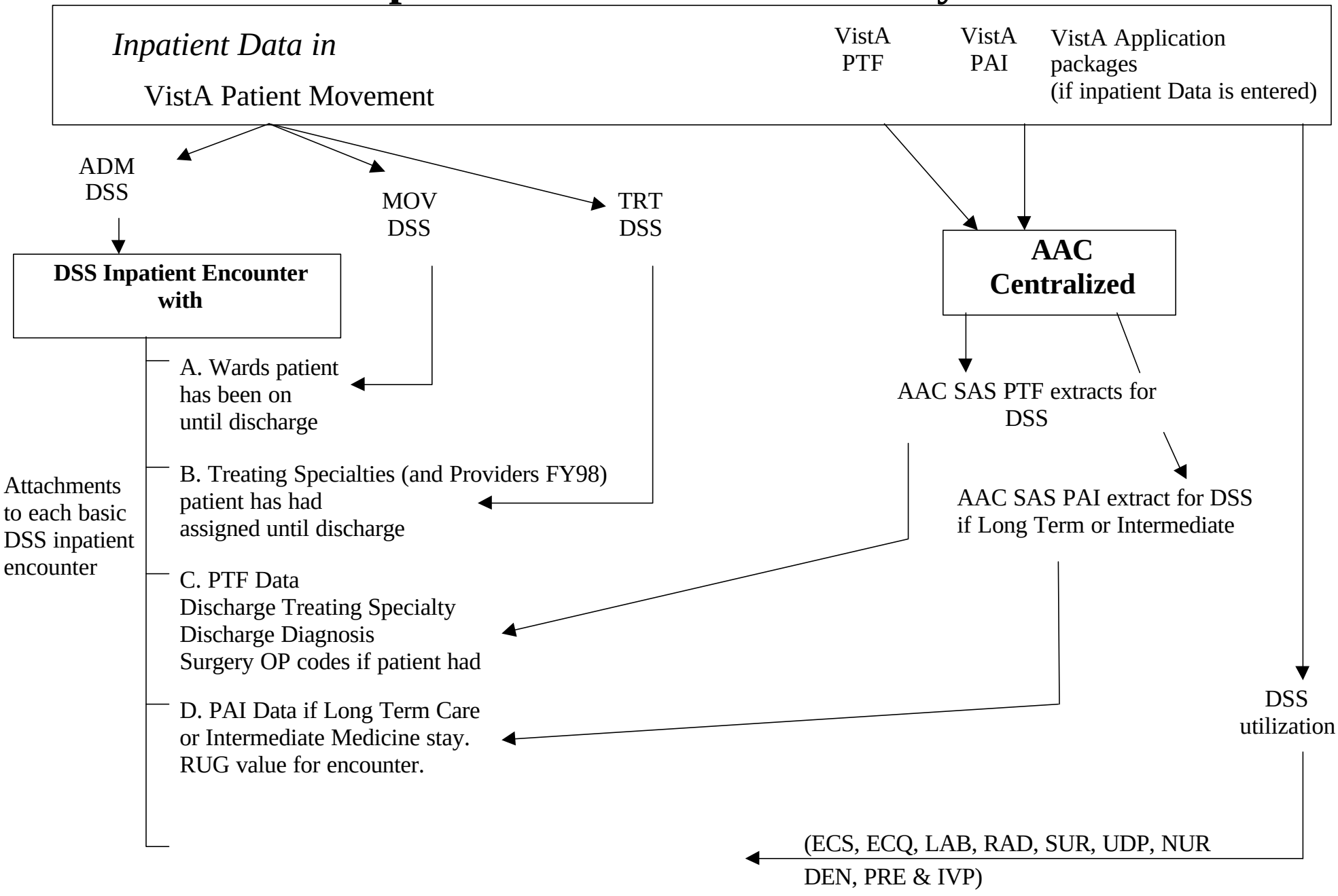
5. Add a flag for all observation patients who are identified by either an observation treating specialty code or by the use of one of the six observation primary stop codes.

6. Add a CLI flag = q value to indicate all CLI appointments with no action taken. (These CLI flag = q encounters should be audited by site DSS and MAS staff to remedy future occurrences of these "indeterminate status" cases).

7. Several other new field additions, enhancements, and modifications. Please see ***Appendix One*** for details on all of these FY98 enhancements and modifications.

II. Additionally in FY98, fewer resource utilization records will be added to the SSN for unclaimed utilization records (SSN 100-10-1000 – RPM Enhancement Report). Most utilization records with valid SSNs, but no matching encounter, will have an encounter built in the "UTIL BUILT" process in FY98. The exceptions are CLI (which would only occur if errors in posting CLI MED RECs) and UDP which will be UTIL BUILT in FY99. (Please see ***Figures VI-i and accompanying text pp. 44-47.)***

VA Inpatient Data Flow to DSS System



FY98 NEW DSS DATABASE FIELDS

The following fields are the new DSS fields added to the DSS Database in FY98.

FIELD NAME	LENGTH	OCCUR	KEY/ORD
SURG CASE NUMBER	9	8	ORD CHAR
SURGICAL SPECIALTY	3	8	ORD CHAR
SURG DATE	8	8	ORD CHAR
SURGEON	11	8	ORD CHAR
ATTENDING SURGEION	11	8	ORD CHAR
ANESTHESIA SUPERVISOR	11	8	ORD CHAR
PRIMARY SURG CPT	8	8	ORD CHAR
SURG CPT CODE2	8	8	ORD CHAR
SURG CPT CODE3	8	8	ORD CHAR
SURG CPT CODE4	8	8	ORD CHAR
SURG CPT CODE5	8	8	ORD CHAR
SURG CANCELLED	1	8	ORD CHAR
SURG ATTENDING SERVICE	4	8	ORD CHAR
NOR OR LOCATION	10	8	ORD CHAR
SURG FLAG	1	8	ORD CHAR
SURG PRIMARY STOP CODE	3	8	ORD CHAR
SURG SECONDARY STOP CODE	3	8	ORD CHAR
WARD PROVIDER	11	12	ORD CHAR
WARD ATTENDING	11	12	ORD CHAR
WARD PROVIDER BEGIN DATE	8	12	ORD CHAR
WARD ATTENDING BEGIN DATE	8	12	ORD CHAR
DISCHARGE WARD ATTENDING	11	1	ORD CHAR
DISCHARGE WARD PROVIDER	11	1	ORD CHAR
NPCD FLAG	1	1	ORD CHAR
NPCD OUTPT PROVIDER	11	1	ORD CHAR
OBS FLAG	1	1	ORD CHAR
ADMITTING ATTENDING	11	1	ORD CHAR
ALIAS	15	1	ORD CHAR
VERIFICATION METHOD	3	1	ORD CHAR
INSURANCE CODE	3	1	ORD CHAR
SHARING PATIENT FLAG	1	1	ORD CHAR
PRIMARY ELIG CODE	3	1	ORD CHAR
PRIMARY CPT QTY	2	1	NON-ORD
CPT4 CODE QTY	2	11	NON-ORD

PGM: UTL.CTABLE.M DSS NATIONAL TEMPLATE 10 JUL 1998
VER: 2.5.08 DSS MEDICAL ENCOUNTER FIELDS 9:59:24 AM
WHICH HAVE CODE TABLE VALUES TO
USE IN SEARCHES

DSS CODE VALUE TABLE	DSS FIELD NAME
AO	AGENT ORANGE
ASRC	ADMIT SOURCE
BDC	RPM GROUP
CNTY	COUNTY
CPT	CPT4 CODE ***(outpt only)***
	PRIMARY CPT4 CODE ***(outpt only)***
	PRIMARY SURG CPT
	SURG CPT CODE2
	SURG CPT CODE3
	SURG CPT CODE4
	SURG CPT CODE5
DDIS	DISCHARGE DISPOSITION
DIAG	ADMIT DIAGNOSIS
	ICD.10
	ICD.2
	ICD.3
	ICD.4
	ICD.5
	ICD.6
	ICD.7
	ICD.8
	ICD.9
	ICD9 CODE ***(outpt only)***
	PRIMARY ICD9 ***(outpt only)***
	PRINCIPAL DIAGNOSIS ***(inpt only)***
	SECONDARY DIAGNOSES ***(inpt only)***
	SECONDARY DIAGNOSIS ***(inpt only)***
DRG	ADMIT DRG
	DISCHARGE DRG
	DRG
	TREATING SPCLTY DRG
DTBL	DRG TABLE NUMBER
ELIG	ELIGIBILITY CODE
	ENCOUNTER ELIGIBILITY
EMPL	EMPLOYMENT STATUS
INS	INSURANCE CODE
IRAD	IONIZING RAD
MARS	MARITAL STATUS
MDC	MDC

DSS FIELD NAME (Alpha Sort)	DSS CODE VALUE TABLE
ADMIT DIAGNOSIS	DIAG
ADMIT DRG	DRG
ADMIT SERVICE	TS
ADMIT SOURCE	ASRC
ADMIT TREATING SPECIALTY	TS
AGENT ORANGE	AO
ATTENDING SERVICE	TS
CCM PAYOR	PAYR
COUNTY	CNTY
CPT4 CODE	CPT
DISCHARGE DISPOSITION	DDIS
DISCHARGE DRG	DRG
DISCHARGE SERVICE	SERV
DISCHARGE TREATING SPECIALTY	TS
DISPOSITION PLACE	PDIS
DRG TABLE NUMBER	DTBL
DRG	DRG
ELIGIBILITY CODE	ELIG
EMPLOYMENT STATUS	EMPL
ENCOUNTER ELIGIBILITY	ELIG
ICD.10	DIAG
ICD.2	DIAG
ICD.3	DIAG
ICD.4	DIAG
ICD.5	DIAG
ICD.6	DIAG
ICD.7	DIAG
ICD.8	DIAG
ICD.9	DIAG
ICD9 CODE	DIAG
INSURANCE CODE	INS
IONIZING RAD	IRAD
LOCATION OF VISIT	VLOC
MARITAL STATUS	MARS
MDC	MDC
MEANS TEST CATEGORY	MEAN
MOVEMENT TYPE	MVTP
OP CODE	PROC
OTHER REVENUE TABLE NUMBER	ORT

PLEASE SEE NOTE (ON PAGE 5) ON HOW TO USE THIS TABLE FOR HELP IN DSS CLINICAL COORDINATION DATA SEARCHES.

PGM: UTL.CTABLE.M DSS NATIONAL TEMPLATE 10 JUL 1998
VER: 2.5.08 DSS MEDICAL ENCOUNTER FIELDS 9:59:24 AM
WHICH HAVE CODE TABLE VALUES TO
USE IN SEARCHES ***(continued from page 4)***

DSS CODE VALUE TABLE	DSS FIELD NAME
MEAN	MEANS TEST CATEGORY
MVTP	MOVEMENT TYPE
MVTP	TYPE OF MOVEMENT
ORT	OTHER REVENUE TABLE NUMBER
PAYR	CCM PAYOR
PDIS	DISPOSITION PLACE
PERS	PERIOD OF SERVICE
PLOC	POW LOCATION
POW	POW (STATUS)
PROC	PRINCIPAL PROCEDURE
	SECONDARY PROCEDURE
	OP CODE
PROV	PROVIDER TYPE
	PRIMARY PROVIDER TYPE
RACE	RACE
RCF	REIMBURSEMENT COST FACTOR TABLE
REL	RELIGION
RTBL	RCF TABLE NUMBER
RUG	RUG
SERV	DISCHARGE SERVICE
SEX	SEX
STAT	STATE
TS	ADMIT SERVICE
	ADMIT TREATING SPECIALTY
	ATTENDING SERVICE
	DISCHARGE TREATING SPECIALTY
	TREATING SPCLTY
VLOC	LOCATION OF VISIT
VPUR	PURPOSE OF VISIT
ZIP	ZIP CODE

DSS FIELD NAME (Alpha Sort)	DSS CODE VALUE TABLE
PERIOD OF SERVICE	PERS
POW (STATUS)	POW
POW LOCATION	PLOC
PRIMARY CPT4 CODE	CPT
PRIMARY ICD9	DIAG
PRIMARY PROVIDER TYPE*	PROV
PRIMARY SURG CPT	CPT
PRINCIPAL DIAGNOSIS	DIAG
PRINCIPAL PROCEDURE	PROC
PROVIDER TYPE	PROV
PURPOSE OF VISIT	VPUR
RACE	RACE
RCF TABLE NUMBER	RTBL
REIMBURSEMENT COST FACTOR TABLE	RCF
RELIGION	REL
RPM GROUP	BDC
RUG	RUG
SECONDARY DIAGNOSIS	DIAG
SECONDARY DIAGNOSIS	DIAG
SECONDARY PROCEDURE	PROC
SEX	SEX
STATE	STAT
SURG CPT CODE2*	CPT
SURG CPT CODE3*	CPT
SURG CPT CODE4*	CPT
SURG CPT CODE5*	CPT
TREATING SPCLTY DRG	DRG
TREATING SPCLTY	TS
TYPE OF MOVEMENT	MVTP
ZIP CODE	ZIP

NOTE: These tables as arrayed on the on the on the left give you the summary of what the field name is for all fields using that table (e.g. CPTs or ICD-9s) whether inpatient or outpatient .

THIS TABLE SHOULD BE USED BY DSS CLINICAL COORDINATORS TO BE SURE THEY SEARCHED ALL RELEVANT FIELDS.

* ***Inpatient Only Effective 10/1/97 (FY98***

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - INPATIENT

Data Elements	Source	Length	Note	C-Table
ADMIT DATE, or Day	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	8	"Admit Day" no longer used - all converted to Admit Date	
ADMIT DRG	ADM	6	extract field is "Admitting DRG"	DRG
ADMIT WARD	ADM	6	extract field is "Ward"	
ADMITTING ATTENDING	ADM	11	labeled Attending Physician in extract - new for FY98	
ADMITTING DIAGNOSIS	ADM	7		
AGENT ORANGE	ADM, PTF-M	1	whether or not vet claims AO exposure, NOT Encounter AO	AO
ANESTHESIA SUPERVISOR	SUR	11	inpatient surgeries only	
ASSESS PURPOSE	PAI	1		
ATTENDING MD	ADM	11	labeled Attending Physician in extract - new for FY98	DOC
ATTENDING SURGEON	SUR	11	inpatient surgeries only	
BILLING STATUS	ADM, PAI MOV, PTF-M	1	= "N" - New or Not Billed, from ADM and PAI; over-written upon discharge = "D" - Discharged, from the discharge in last MOV posting; over-written when PTF posted = "F" - Final, from PTF	
BIRTHDATE	ADM	8	extract field is "Date of Birth"	
CALC RPM	PTF-M	1	*="Y", required for DSS application	
CCM CASE TYPE	ADM, PAI PTF-M	8	= "DRG"+"-" +first 4 char of Admitting DRG for ADM, PAI, = "DRG"+"-" +first 4 char of DRG for PTF	
COMPANY CODE	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	3	from VistA msg header or AAC File Station Number	
COUNTY	ADM	5	County is concatenation of 2 char. State & 3 char. County (FIPPS)	CNTY
DISCHARGE DATE	MOV, TRT PTF-M	8	MOV = blank unless movement type is a discharge, not read in TRT, is read from PTF-M	
DISCHARGE DRG	PTF-M	3	extract field: DRG (final)	DRG
DISCHARGE MD	TRT	11	filled from TRT Losing Attending MD field If Discharge Date > 0	
DISCHARGE SERVICE	PTF-M	2		SERV
DISCHARGE TREATING SPECIALTY	TRT	6	If Discharge Date > 0, then fill with extract field 13, Losing Treating Specialty	TS
DISCHARGE WARD ATTENDING	TRT	11	filled from TRT Losing Attending MD field If Discharge Date > 0	
DISCHARGE WARD PROVIDER	TRT	11	If Discharge Date > 0, then fill with extract field 21, Losing Ward Provider	

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - INPATIENT

Data Elements	Source	Length	Note	C-Table
DISPOSITION PLACE				PDIS
DIVISION (FACILITY)	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	3,5,7	Station or company codes are derived by SAS from message headers; the extract fields called Facility or Facility (Division) or Division are all derived differently from the extract, depending on the VistA subsystem from which they came. See notes in Sections A and C for complete details for each extract.	DIV
DRG	PTF-M	3	copied by SAS from Discharge DRG	DRG
ELIGIBILITY CODE	ADM	1		ELIG
EMPLOYMENT STATUS	ADM	1		EMPL
ENCOUNTER NUMBER	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	20	*=SSN+YYMMDD+"I" (SSN + ADMIT DATE + "I")(SAS adds)	
FEEDER SYSTEM ID	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	10	added by SAS, contains extract source (ADM, etc) and year/version (9801 = version 1 in FY98)	
FISCAL PERIOD	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	2	Each posting in DSS updates field value in ENCTR File; first value will be from ADM; each MOV or TRT entry will over-write the value in ENCTR; final value is from MOV record of discharge; Not updated with PTF records so that field value continues to represent that of discharge.	
FISCAL YEAR	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	4	Each posting in DSS updates field value in ENCTR File; first value will be from ADM; each MOV or TRT entry will over-write the value in ENCTR; final value is from MOV record of discharge; Not updated with PTF records so that field value continues to represent that of discharge.	
GAINING WARD	MOV	6		WARD
HEALTH INSURANCE IND	ADM	1	extract field is "HEALTH INSURANCE" (indicator)	
INOUT CODE	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	1	= "I" = Inpatient, translated by SAS from extract	
INSURANCE CODE	ADM	3	for V19 TRICARE pilot - Null in FY98	INS
INTERNAL NUMBER	ADM, MOV TRT, PAI, SUR	10	extract field is "Patient # (DFN)", retained for site trouble-shooting purposes	
MARITAL STATUS	ADM	3		MARS
MDC	PTF-M	2	(Major Diagnostic Category)	MDC
MEANS TEST IND	ADM	1	extract field is "MEANS TEST" (indicator)	
MOVEMENT TYPE	MOV, TRT	3		MVTP

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - INPATIENT

Data Elements	Source	Length	Note	C-Table
NAME	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	4	Last 4 of patient's name - extract name = Last 4 of Patient Name in VistA extracts	
NHCU FLAG	PAI	1	= 'Y' if from NHCU	
NONOR LOCATION	SUR	10	inpatient surgeries only	
OBS FLAG	ADM, PTF-M	1	SAS adds: = "Y" based on Treating Specialty, if Tx Spclty = 24,18, 41, 65, 36, 94, or 23 - new for FY98	
OP CODE (ICD-9 Code or Proc Code)	PTF-S	200	DSS field: OP CODE 5 characters each, 200 total, up to 8 Occurrences of 5 codes for each Surg date, filled unused occurrences with "*" within each group of 5 Necessary to group OP CODES in relational database with each SURGERY DATE in reports to be written later SAS adds "." to all ICD-9 Op codes such as in "91.18"	PROC
PAI BEDSECTION	PAI	1	= "I" Intermediate, "N" NHCU, "C" if CNH extract field: BEDSECTION	
PERIOD OF SERVICE	ADM	4		PERS
POW	ADM	1	whether or not vet is POW, NOT POW location	
POW LOCATION	ADM, PTF-M	1		PLOC
PRIMARY CARE PROVIDER	ADM	11		
PRIMARY CARE TEAM	ADM	4		
PRIMARY ELIG CODE	ADM	3	for V19 TRICARE pilot - Null in FY98	
PRIMARY SURG CPT	SUR	8	from record where record type = 'P'	CPT
PRINCIPAL DIAGNOSIS	PTF-M	6	extract field: prime diagnosis* - SAS adds "." (period) before ICD-9 suffix ***(Outpatient uses "Primary ICD-9".)***	DIAG
PSEUDO SSN IND	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	1	Pseudo SSN Indicator	
PTF DISCH TRTNG SPCLTY	PTF-M	2	extract field: Disch Bed Section (TRT Spec)	
PTF TRTNG SPCLTY	PTF-B	50	extract field: Bed section - 2 characters each, up 25 occurrences- filled with "*" if this field is null in the set of field values for this instance	
PTF TRTNG SPCLTY LOS	PTF-B	125	extract field: Bed Section Length of Stay - 5 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance	

* (After 7/98. Was ICD-9 DX (DXLS) from PTFM until 7/98)

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - INPATIENT

Data Elements	Source	Length	Note	C-Table
RACE	ADM, PAI	1		RACE
RADIATION	PTF-M, ADM	1	added for FY98	
RECTYPE	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	3	= "MR" -ADM only - (will establish a DSS encounter record or overwrite all fields of any encounter found with same encounter number) or "NON" - All other Inpatient MRPost records - (Non Rec Type so that information already in encounter record would not be over-written by info from PTF) (added by SAS)	
RELIGION	ADM	5		REL
ASSESS DATE	PAI	8		
RUG	PAI	2		RUG
SECONDARY DIAGNOSIS	PTF-M	54	extract field: ICD9-Dx: each field has 6 char. 54 total, up to 9 occurrences, fill unused occurrences with "*" ***(Outpatient uses "ICD-9 Code")***	DIAG
SEX	ADM	1		SEX
SHARING PATIENT FLAG	ADM	1	for V19 TRICARE pilot - Null in FY98	
SSN	ALL (ADM; MOV; PAI; PTF-B,M,S; SUR; TRT)	9		
STATE	ADM	2		STAT
SURG ATTENDING SERVICE	SUR	4	inpatient surgeries only	
SURG CANCELLED	SUR	1	inpatient surgeries only	
SURG CASE NUMBER	SUR	9	inpatient surgeries only	
SURG CPT CODE2	SUR	8	inpatient surgeries only, from first record where record type = 'S' fill unused instances with "*"	CPT
SURG CPT CODE3	SUR	8	inpatient surgeries only, from first record where record type = 'S' fill unused instances with "*"	CPT
SURG CPT CODE4	SUR	8	inpatient surgeries only, from first record where record type = 'S' fill unused instances with "*"	CPT
SURG CPT CODE5	SUR	8	inpatient surgeries only, from first record where record type = 'S' fill unused instances with "*"	CPT
SURG DATE	SUR	8	inpatient surgeries only	
SURG FLAG	SUR	1	= 'Y' inpatient surgeries only	
SURG PRIMARY STOP CODE	SUR	3	SAS generated: If outpatient & if OR, stop code = 429 If Non-OR, use first 3 characters of Non-OR DSS Identifier value. If Non-OR DSS identifier is null, use last 3 characters of Non-OR Location	
SURG SECONDARY STOP CODE	SUR	3	null for now, inpatient surgeries only	
SURGEON	SUR	11	inpatient surgeries only	

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - INPATIENT

Data Elements	Source	Length	Note	C-Table
SURGERY DATE	PTF-S	64	extract field: Surg or Proc Date 8 characters each, 64 total, up to 8 Occurrences	
SURGICAL SPECIALTY	SUR	3	inpatient surgeries only	
TRANSFER FLAG	ADM, PAI PTF-M	1	= "N"	
TREATING SPECIALTY	ADM, TRT, SUR	6	extract field # 12, New Treating Specialty only on discharge	TS
TREATING SPCLTY DRG	PTF-B	75	extract field: Bed Section DRG - 3 characters each, up 25 occurrences - filled with "*" if this field is null in the set of field values for this instance	DRG
TREATING SPECIALTY ICD	PTF-B	750	extract field: ICD9 Diagnosis in Bed Section - 6 characters each, groups of 5, 750 total, up to 25 occurrences - fill unused within each group of 5 with "*" this is necessary to group diagnoses (and other fields below) in relational database for reports to be written later. If 5 null values are sent in the set of field values for this instance, fill all 5 with "*" SAS adds "." to all ICD-9 Dx codes such as in "293.81"	
TREATING SPECIALTY LOS	TRT	4	extract field is LOS (extract field 14) see note @	
TRTNG SPCLTY LOSE DATE	PTF-B	200	extract field: Bed Section Out Day - 8 characters each, up 25 occurrences - filled with "*" if this field is null in the set of field values for this instance	
TREATING SPCLTY TRANS DATE	TRT	8	DSS field is TREATING SPCLTY TRANS DATE	
VERIFICATION METHOD	ADM	3	for V19 TRICARE pilot - Null in FY98	
VETERAN	ADM	1	extract field is "Veteran Status"	
VIETNAM	ADM	1	extract field is "Vietnam Veteran"	
WARD	MOV	6	extract field is "Ward (Losing)"	WARD
WARD ATTENDING	ADM, TRT	11	ADM: labeled Attending Physician in extract; TRT: value in extract field # 20	
WARD ATTENDING BEGIN DATE	ADM, TRT	8	ADM: Admit Date; TRT: TRT Date field - new for FY98	
WARD DATE	MOV	8	day of month that movement took place DSS = WARD DATE	
WARD LOS	MOV	4		
WARD PROVIDER	ADM, TRT	11	VistA field is "Primary Care Ward Provider" -new for FY98	
WARD PROVIDER BEGIN DATE	ADM, TRT	8	ADM: Admit Date; TRT: TRT Date field - new for FY98	
ZIP CODE	ADM	5		ZIP

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - OUTPATIENT

Data Elements	Source	Length	Note	C-Table
AAC UPDATED DATE	NPCD	8	NPCD = AAC_Updated_Date	
ADMIT DATE	ALL (CLI, NOS, NPCD, PRE)	8	= DATE OF VISIT: Date of Visit & Admit Date & Discharge Date required by TSI software on all outpatient encounters	
AGENT ORANGE	CLI, NPCD	1	NPCD= Agent_Orange_Exp_Code; CLI: "Agent Orange Status"	AO
ALIAS	CLI, PRE	15	for V19 TRICARE pilot, Null in FY98	
BILLING STATUS	ALL (CLI, NOS, NPCD, PRE)	1	= 'F' for final on all outpatient encounters	
BIRTH YEAR	NPCD	4	NPCD = Birth_Year	
BIRTHDATE	ALL (CLI, NOS, NPCD, PRE)	8	NOS & NPCD field: Birth Date	
CALC RPM	ALL (CLI, NOS, NPCD, PRE)	1	= 'Y' DSS required field, added by SAS	
CCM CASE TYPE	ALL (CLI, NOS, NPCD, PRE)	8	CLI, NPCD: "CPT"+"-"+ first 4 characters of CPT; NOS: "NOS"; PRE: "PRE"	
CLI FLAG	CLI, NPCD	1	for CLI: = "Y" (added by SAS); NPCD: = "blank"; If last character of FDRKEY = Q - set value to "Q"; NPCD sets to "blank" to over-write	
CLINIC NAME	CLI	6	[see also LOCATION OF VISIT (from NPCD)]	
CLINIC VISITS	ALL (CLI, NOS, NPCD, PRE)	1	= '1' DSS required field for outpt encounters	
COMPANY CODE	ALL (CLI, NOS, NPCD, PRE)	3	SAS derived from msg header	
COUNTY	NPCD	5	NPCD = County_Code	CNTY
CPT4 CODE	NPCD	8	NPCD: Procedure_Code, multiply occurring, up to 10 (NPCD Primary CPT is field PRIMARY CPT4 CODE	CPT
CPT4 CODE QTY	NPCD	20	2 char each X 10 = total 20, multiply occurring number of times each CPT code occurred in this record	
DATE OF VISIT	ALL (CLI, NOS, NPCD, PRE)	8	DATE OF VISIT: Date of Visit & Admit Date & Discharge Date required by TSI software on all outpatient encounters; NPCD = Encounter_Start_Date	
DISCHARGE DATE	ALL (CLI, NOS, NPCD, PRE)	8	= DATE OF VISIT: Date of Visit & Admit Date & Discharge Date required by TSI software on all outpatient encounters	
DIVISION	ALL (CLI, NOS, NPCD, PRE)	3	built differently in each Feeder System, see Section A for further details	
DSS IDENTIFIER	NPCD	9	NPCD = DSS_Identifier; NPCD also has STOP CODE, CLI has STOP CODE only	

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - OUTPATIENT

Data Elements	Source	Length	Note	C-Table
ELIGIBILITY CODE	CLI, PRE, NOS	1	CLI, PRE, NOS: extract field = Eligibility; NPCD uses similar, but different code, ENCOUNTER ELIGIBILITY	ELIG
ENCOUNTER AGENT ORANGE	CLI, NPCD	1	Was this encounter due to exposure to AO? NPCD = Agent_Orange_Indicator	
ENCOUNTER ELIGIBILITY	NPCD	3	NPCD = Encounter_Eligibility_Code	ELIG
ENCOUNTER IONIZING RAD	CLI, NPCD	1	Was this encounter due to exposure to Ionizing Radiation? (NOT whether patient claims exposure - see RADIATION) NPCD = Ionizing_Radiation_Indicator	
ENCOUNTER NUMBER	ALL (CLI, NOS, NPCD, PRE)	20	= SSN+YYJJJ(Julian)(DATE OF VISIT)+SSS(Stopcode)	
FEEDER SYSTEM ID	ALL OUTPT	10	"CLI9801" where CLI = Feeder System, 98 = Fiscal Year and 01 = Medical Record View version for this Fiscal Year	
FISCAL PERIOD	ALL (CLI, NOS, NPCD, PRE)	2	SAS derived from message header	
FISCAL YEAR	ALL (CLI, NOS, NPCD, PRE)	4	SAS derived from message header	
ICD9 CODE	CLI, NPCD	7	CLI: 1st ICD code (numerically, not Primary); NPCD: = Diagnostic_Code, multiply occurring up to 10 (NPCD Primary field is PRIMARY ICD9) ***(Inpatient uses "Secondary Diagnosis")***	DIAG
INOUT CODE	ALL (CLI, NOS, NPCD, PRE)	1	"O" for outpts No records are sent for inpatients	
INSURANCE CODE	CLI, PRE	3	for V19 TRICARE pilot, Null in FY98	INS
INTERNAL NUMBER	ALL (CLI, NOS, NPCD, PRE)	10	extract field = Patient # (DFN), used for site trouble shooting	
LOCATION OF VISIT	NPCD	1	NPCD = Location_Of_Visit_Code (see also CLINIC NAME (from CLI))	VLOC
MEANS TEST INDICATOR	NPCD	2	NPCD=Means_Test_Category_Code	
NAME	ALL (CLI, NOS, NPCD, PRE)	4	First 4 of patient's family name	
NOSHOW FLAG	ALL (CLI, NOS, NPCD, PRE)	1	NOS = "Y"; PRE, CLI, NPCD over-write with a "blank" (and "Y" to their own flag) to indicate they are posting over an NOS-built encounter)	
NPCD Flag	NPCD	1	= "Y" to indicate that NPCD is the source of the info in this encounter	
NPCD OUTPT PROVIDER	NPCD	11	Null for FY98	

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - OUTPATIENT

Data Elements	Source	Length	Note	C-Table
NUMBER OF DEPENDANTS	NPCD	2	NPCD = Number_Of_Dependents	
OBS FLAG	PRE, CLI, NPCD	1	= "Y" if Treat spclty = 24, 18, 41, 36, 23, 65, or 94 SAS adds: = Y if: (1) first 3 characters of DSS Identifier = 290 through 296, or (2) If fourth through sixth characters of DSS Identifier = 290 through 296, or (3) Primary CPT4 or CPT4 Code = 99217 through 99220	
OVERBOOK INDICATOR	CLI	1		
PERIOD OF SERVICE	NPCD	2	NPCD = Period_Of_Service	PERS
POW	CLI, NPCD	1	NPCD = POW_Indicator	
POW LOCATION	CLI	2	NPCD = POW_Location_Code	PLOC
PRE FLAG	ALL (CLI, NOS, NPCD, PRE)	1	PRE = "Y"; others over-write with blank (and put "Y" in their own flags) if they over-post this encounter	
PRIMARY CARE PROVDER	PRE, NOS, CLI	11		
PRIMARY CARE TEAM	PRE, NOS, CLI	4		
PRIMARY CPT QTY	NPCD	2	number of times the Primary CPT Code occurred in this record	
PRIMARY CPT4 CODE	CLI, NPCD	10	NPCD = Procedure_Code	CPT
PRIMARY ELIG CODE	CLI, PRE	3	for V19 TRICARE pilot, Null in FY98	
PRIMARY ICD9	NPCD	7	Since May 98, NPCD = Diagnostic_Code (CLI uses ICD9 CODE) ***(Inpatient uses "Principle Diagnosis")***	DIAG
PRIMARY PROVIDER TYPE	NPCD	6	NPCD = Practitioner_Type_Code	PROV
PROCESSING DATE	NPCD	8	from NPCD Processing_Date_Time	
PROVIDER	PRE, NOS, CLI	11	value = File #200 entry number proceded by "2"	
PROVIDER TYPE	CLI, NPCD	24	NPCD = Practitioner_Type_Code	PROV
PROVIDING MD	CLI, NPCD	11	CLI: filled with File #200 (proceeded by a 2) if provider type = a physician NPCD: filled for now with provider type if Provider Type field = an MD	
PSEUDO SSN IND	ALL (CLI, NOS, NPCD, PRE)	1	Pseudo SSN Indicator	
PURPOSE OF VISIT	NPCD	2	NPCD = Purpose_Of_Visit_Code	VPUR
RACE	ALL (CLI, NOS, NPCD, PRE)	1	NPCD = Race_Code	RACE

FY98 DSS VA MEDICAL ENCOUNTER DATA ELEMENTS - OUTPATIENT

Data Elements	Source	Length	Note	C-Table
RADIATION	CLI, NPCD	1	Does the patient claim exposure to ionizing rad? (NOT whether encounter was due to, see ENCOUNTER IONIZING RAD) NPCD= Ionizing_Rad_Exp_Code	
RECTYPE	ALL (CLI, NOS, NPCD, PRE)	3	= "MR" (MR Rec Type because encounter will be created if one does not already exist. Will over-write in all fields with information if there is a previously existing encounter) (Outpt records post in order: PRE, NOS, CLI, NPCD)	
SEX	NPCD	1	NPCD = Sex_Code (will add to CLI in FY 99)	SEX
SHARING PATIENT FLAG	CLI, PRE	1	V19 TRICARE pilot, Null in FY98	
SSN	ALL (CLI, NOS, NPCD, PRE)	9		
STATE	NPCD	2	NPCD = State (will add to CLI in FY 99)	STAT
STOP CODE	NOS, CLI NPCD	3	CLI: first 3 characters of Feeder Key; NPCD: first 3 characters of DSS IDENTIFIER; PRE: always 160	
TREATING SPECIALTY	PRE, NOS, CLI	6	DSS field: TREATING SPCLTY	TS
UTIL BUILT	ALL (CLI, NOS, NPCD, PRE)	1	="N" (to over-write any already existing UTIL-BUILT encounters)	
VERIFICATION METHOD	CLI, PRE	3	for V19 TRICARE pilot, Null in FY98	
VETERAN	ALL (CLI, NOS, NPCD, PRE)	1	NPCD = Veteran_Indicator	
VHA ENCOUNTER ID	NPCD	15	VistA encounter number, NPCD = Encounter_ID	
VIETNAM	NPCD	1	NPCD = Vietnam_Service_Code	
ZIP CODE	NPCD	5	NPCD = ZIP_Code (will add to CLI in FY 99)	ZIP

PART I – INTRODUCTION AND BACKGROUND

ENCOUNTER RECORDS VERSUS RESOURCE UTILIZATION RECORDS.

Encounter records are a key (vs. lynch pin) in the DSS databases. DSS establishes two types of patient records, (1) Patient Encounter records, and (2) Resource Utilization records. For an inpatient, the Patient Encounter is defined as the entire inpatient stay. In FY98, for the outpatient, the encounter record is the recording of a single clinical interaction with a provider.

Encounter Records in DSS are the lynch pin or umbrella on which all utilization of resources for the case are tied. Encounter records contain demographic data about the patient and the diagnosis. Resource Utilization records are the recording of individual intermediate products which can be costed reliably and are used to provide specific procedures/tests/ and care data. In the DSS database, these utilization records (stored by SSN) are linked to the patient medical encounter in which they were used. In the DSS Application, the encounter then stands like a three-legged stool. Each leg on the stool is represented by the medical record encounter; the demographics and case descriptors; and finally all the resource utilization and costs. (See ***Figure I-A and I-B*** below.)

Figure I-A

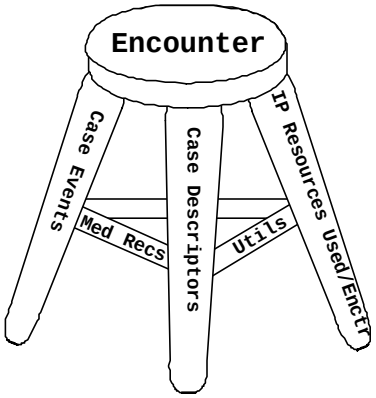
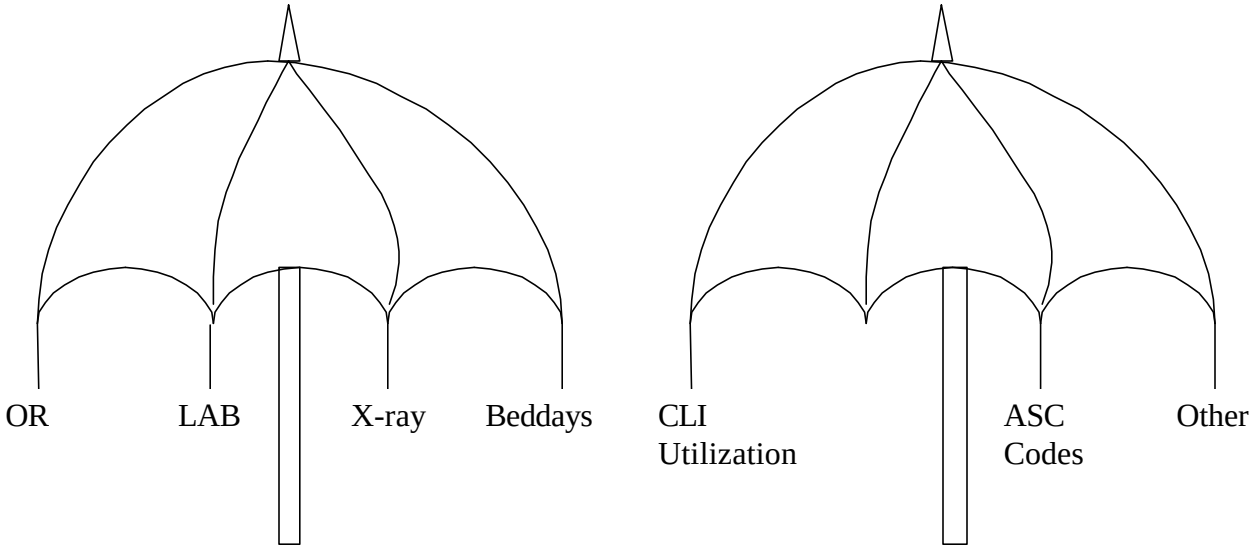


Figure I-B

How TSI Uses Encounters?
Umbrella to Hang Utilization / Costs On



DEFINITIONS OF INPATIENT AND OUTPATIENT ENCOUNTERS

Definition of an Inpatient Encounter - Inpatient encounter records coincide with the patient's inpatient stay. One record is opened upon admission and it contains the DSS records of all intermediate products used during that stay from admission to discharge. After discharge, that encounter record is up-dated with additional data from the PTF (Patient Treatment File in Austin). These data include final coding and demographics, surgical information and all transaction movements.

Definitions of an Outpatient Encounter in Different Sites - DSS employs commercial software that is used by more than 400 customers in 750 facilities worldwide. That makes the VA part of a large users group. Other members of this group have defined an outpatient encounters differently. For instance:

- The Mayo Clinic defines an outpatient encounter to include all tests, procedures and care given within a specific physician's referral for up to a 60-day period.

- The Cleveland Clinic uses the definition the VA used to use that an Outpatient Encounter is a visit that includes all care within a 24-hour period. This is very similar to the old VA outpatient visit except it includes more refined CPT coding, ICD-9 diagnostic coding and other data elements.

- Kaiser Permanente defines an Outpatient Encounter as any interaction with a physician. All care ordered by the physician during the encounter is then linked to that encounter - not only lab and x-ray but also PT, nutrition, etc., as part of the total outpatient encounter costs and utilization.

Outpatient Encounter Definition in VHA Changed in FY97

In FY97, the VA implemented a new definition of an outpatient encounter. It is each reported instance of an independently acting provider giving health services to a VA patient (including over the telephone). This definition replaces the traditional term of "outpatient visit" which was all outpatient care provided in a 24-hour period. In addition, a new entity called the occasion of service, was defined as when health services are provided to a VA patient, without the presence of a decision-making provider. Examples of an occasion of service are lab tests, radiology exams, EKGs, etc. However, since FY97, occasions of service are technically the same as encounters except that there is no ICD-9 code reported.

VHA Outpatient Encounter Definition in DSS Mirrors VHA Encounter Change of FY97

In FY97 DSS also changed its definition of outpatient encounter to closely match VHA's. This was done to maintain close alignment with the definition used by the primary outpatient reporting systems in VA (see above). This resulted in major changes for FY97 in DSS:

- New Encounter Concept - This definition change caused the basic unit of outpatient care on DSS to change. This caused changes in the underlying structures of what data is collected, and how, in DSS. The basic unit of outpatient care was no longer all outpatient work in a 24hr period (or "visit"), but an encounter at single stop (or "DSS Identifier" clinic).

- Increased Database Size - The change in the definition of an encounter resulted in a multiple-fold increase in the number of encounters reported in VistA and therefore, in DSS. All DSS databases have undergone large size increases in order to accommodate the additional number of encounters reported.

New AAC MAS Database - At the same time VHA changed the definition of the basic unit of outpatient care, it also changed the methodology for collecting and storing the data. Outpatient treatment information is now collected through Patient Centered Events (PCE) software at the VistA level and is transmitted to the National Patient Care Database (NPCD) at the Austin Automation Center (AAC). The new database is an Oracle database. Because of the new database, DSS required 2 new extracts: one to capture the patient medical record encounter (which replaced the old OPC extract); and a new ASC extract developed by SQL from the NPCD file to capture CPT codes reported. In addition to the new database, there have been the expected start-up problems with implementing a new data collection system in all VA medical centers such as rejects, failed transmissions, lost data, and failed inputs.

- New Outpatient Medical Record Data Fields - Included in VA's implementation of PCE and NPCD were new data fields and new coding for existing fields. DSS added some of these new fields to the patient encounter records, such as primary care team, primary care provider and provider (of the event).

NPCD and DSS both treat outpatient encounters and occasions of service as separate patient encounter records. Also, there is no link in VistA, NPCD or DSS, between outpatient encounters and their related occasions of service. This is because there is no link yet in the VistA primary transaction systems, from which DSS draws data.

DSS Outpatient Encounter Number Changed in FY97

Due to the new definition of outpatient encounter in NPCD and DSS in FY97, a new outpatient encounter record numbering system in DSS was necessary in DSS. The DSS Outpatient Encounter number has 17 characters, up from the previous 15. This is achieved by adding the primary stop as a suffix and shortening the 6 character date by changing it to the 5 character Julian format.

# of Characters	Description
9	SSN
5	Julian Date (YYDDD where YY is the year and DDD is the Julian Date: 96305 is the 305th day of 1996, or November 1, 1996)
3	Primary Stop code

PART IIA. – DSS MEDICAL RECORDS INFORMATION MORE COMPLETE THAN NPCD/PCE

In the past year, DSS collected more documented care for outpatients than NPCD or PCE (FY97). This was accomplished by DSS creating outpatient medical records (UTIL-BUILTS"), for all documented X-ray, Surgery, Lab or Event Capture procedures (intermediate products) done on a non-inpatient but not recorded in PCE or NPCD. In one major VAMC over five million dollars of outpatient Lab tests were never transmitted to PCE or NPCD due to a local IRM error. Only 5,000 Lab tests (all phlebotomies) for the VAMC were credited on NPCD for FY97. DSS collected all the Lab encounters (over 220,000). In several VAMCs much outpatient Surgical OR work was lost to NPCD, but credited by DSS.

Another source of more complete cost data for outpatients on DSS than any other national VHA system, is the posting of all outpatient Pharmacy data (including IVP, CMOP, and PRE).

Finally, DSS provides another "RPM (now VERA) enhancement report, SSN 100101000 that lists all the monthly ancillary workload created by the VAMC, but not properly attributed to a VHA national database, due to inaccurate SSNs, inappropriate set-ups in the clinic or other problems.

FIGURE II-A SAMPLE RPM ENHANCEMENT REPORT

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RPM WORKLOAD ENHANCEMENT REPORT
COMPANY XXX

SSN	DATE	PAT NUM	FSYS	FEEDER KEY	FDR LOC	QTY
051181663	19970908	30188	SUR	050-10	658ORAMS	2.00
051181663	19970908	30188	SUR	050-26	658ORAMA	1.00
051181663	19970908	30188	SUR	050-30	658ORAMS	2.00
051181663	19970908	30188	SUR	050-40	658ORAMS	1.00
218072743	19970927	10845	PHA	UDDISPFEE	UDP1	1.00
218072743	19970927	10845	PHA	UDDISPFEE	UDP1	1.00
218072743	19970927	10845	PHA	UDDISPFEE	UDP1	1.00
218072743	19970927	10845	PHA	UDDISPFEE	UDP1	1.00
218072743	19970927	10845	PHA	UDDISPFEE	UDP1	1.00
218072743	19970927	10845	PHA	0019043000085078701	UDP1	4.00
218072743	19970927	10845	PHA	0197001000781144605	UDP1	2.00
218072743	19970927	10845	PHA	0245001000364063202	UDP1	2.00
218072743	19970927	10845	PHA	1804001000536341410	UDP1	4.00
218072743	19970927	10845	PHA	2571001000165002201	UDP1	6.00
223843182	19970919	51411	SUR	059-10	658ORCYS	4.00
223843182	19970919	51411	SUR	059-27	658ORCYA	4.00
223843182	19970919	51411	SUR	059-30	658ORCYS	2.00
223843182	19970919	51411	SUR	059-40	658ORCYS	2.00
223843182	19970919	51411	SUR	059-70	658ORCYS	4.00
223908249	19970912	4454	SUR	059-10	658ORCYS	4.00
223908249	19970912	4454	SUR	059-24	658ORCYA	3.00
223908249	19970912	4454	SUR	059-30	658ORCYS	2.00
223908249	19970912	4454	SUR	059-40	658ORCYS	1.00
223908249	19970912	4454	SUR	059-70	658ORCYS	4.00
226143665	19970916	10559	SUR	050-10	658ORGES	6.00
226143665	19970916	10559	SUR	050-27	658ORGEA	6.00
226143665	19970916	10559	SUR	050-30	658ORGES	2.00
226143665	19970916	10559	SUR	050-40	658ORGES	3.00
230158063	19970919	74586	SUR	059-10	658ORGES	4.00
230158063	19970919	74586	SUR	059-24	658ORGEA	3.00
230158063	19970919	74586	SUR	059-30	658ORGES	2.00
231018726	19970912	14787	SUR	059-10	658ORCYS	4.00
231018726	19970912	14787	SUR	059-24	658ORCYA	5.00
231018726	19970912	14787	SUR	059-30	658ORCYS	2.00
231018726	19970912	14787	SUR	059-40	658ORCYS	2.00
231018726	19970912	14787	SUR	059-70	658ORCYS	5.00
241868245	19970927	93908	PHA	UDDISPFEE	UDP1	1.00
241868245	19970927	93908	PHA	UDDISPFEE	UDP1	1.00
241868245	19970927	93908	PHA	0725001000536098185	UDP1	12.00
241868245	19970927	93908	PHA	1795001000839125216	UDP1	4.00
306443679	19970927	91000	PHA	UDDISPFEE	UDP1	1.00
306443679	19970927	91000	PHA	UDDISPFEE	UDP1	1.00
306443679	19970927	91000	PHA	UDDISPFEE	UDP1	1.00
306443679	19970927	91000	PHA	0306004000006096358	UDP1	4.00
306443679	19970927	91000	PHA	1036001000603633421	UDP1	4.00
306443679	19970927	91000	PHA	2699002000049491073	UDP1	2.00

FY97 DSS Outpatient Workload; Units, Dollars not in NPCD, compared to that in NPCD

Rnd.	VISN	Station Code		Util Built =Y	CLI Flag =Y	PRE Flag =Y	SSN= 100101000	NO SHOW Flag=Y	NPCD	% NPCD* of total work
2	1	A	*Units*	8,763	27,050	66,030	2	9,598	223,944	86%
			Dollars	957,509.28	562,118.22	4,458,348.52	8,383.01	264,413.19	16,934,241.48	92%
2	1	B	*Units*	15,861	34,855	162,273	2	47,746	402,417	89%
			Dollars	4,266,177.29	3,400,588.31	6,898,883.58	149,872.87	2,173,591.83	35,661,848.65	82%
3	1	C	*Units*	35,160	26,896	205,592	6	14,836	214,068	78%
			Dollars	3,817,162.31	2,179,373.79	10,604,628.48	49,241.73	512,244.82	18,735,582.29	76%
2	1	D	*Units*	23,588	17,588	160,094	5	16,360	151,189	79%
			Dollars	4,177,556.93	3,238,788.97	6,335,660.52	28,947.55	115,767.72	13,874,012.74	65%
5	2	E	*Units*	17,377	18,825	194,764	2	23,986	269,126	88%
			Dollars	3,212,323.31	1,799,104.80	8,703,993.60	70,490.74	525,786.93	22,595,243.44	82%
1	3	F	*Units*	23,791	26,465	144,308	4	83,218	421,944	89%
			Dollars	4,207,787.83	2,648,207.29	10,513,481.84	201,370.16	1,488,021.38	48,183,111.62	88%
4	3	G	*Units*	58,608	20,705	144,277	8	45,283	353,061	82%
			Dollars	6,521,450.98	1,518,258.46	10,375,029.18	130,054.66	3,956,775.89	46,180,034.87	85%
5	5	H	*Units*	11,564	5,130	134,516	9	16,843	260,308	94%
			Dollars	2,647,297.40	257,261.86	4,853,427.21	130,691.15	1,151,066.02	21,204,251.73	88%
4	7	I	*Units*	55,671	6,284	171,646	2	54,695	431,285	87%
			Dollars	11,096,853.73	825,488.88	19,753,147.50	284,173.83	1,020,643.16	53,756,919.27	82%
3	7	J	*Units*	27,159	14,436	316,414	7	34,934	313,395	88%
			Dollars	3,889,027.05	1,411,435.99	9,193,246.48	54,714.45	1,234,586.00	31,817,586.96	86%
4	8	K	*Units*	42,647	68,114	350,845	11	41,793	429,180	79%
			Dollars	2,391,633.54	4,738,940.78	13,808,430.71	81,571.73	279,922.30	29,802,300.76	81%
4	9	L	*Units*	17,145	5,727	168,193	2	20,714	201,417	90%
			Dollars	3,250,714.06	321,009.47	6,946,015.30	118,093.41	441,831.51	17,331,319.18	83%
2	9	M	*Units*	28,401	44,055	264,605	6	42,484	280,571	79%
			Dollars	4,845,988.36	4,553,443.37	8,276,910.78	1,540,412.45	1,067,265.38	24,307,469.44	72%
4	9	N	*Units*	82,915	61,949	188,120	2	41,492	332,152	70%
			Dollars	6,174,957.04	6,948,144.71	9,590,038.23	1,023,209.08	2,178,236.12	38,213,829.74	74%
1	9	O	*Units*	28,658	31,336	211,216	2	25,820	235,288	80%
			Dollars	4,490,261.81	1,582,290.19	9,923,778.55	108,037.73	356,839.89	18,505,354.02	75%
4	9	P	*Units*	11,947	18,494	170,238	2	13,795	327,421	91%
			Dollars	1,639,003.30	2,553,544.41	7,288,571.50	273,176.17	384,782.27	31,812,835.52	88%
4	9	Q	*Units*	18,481	13,694	247,022	6	32,976	263,159	89%
			Dollars	5,024,644.32	826,429.06	7,550,968.12	121,706.77	524,624.20	29,093,736.10	83%
4	10	R	*Units*	8,643	17,694	101,252	5	13,212	155,064	85%
			Dollars	387,678.57	2,526,651.06	3,712,759.21	7,566.43	1,859,146.78	16,110,400.99	85%
4	10	S	*Units*	7,473	18,468	195,290		24,434	167,662	87%
			Dollars	116,935.70	591,404.51	6,921,895.29		690,129.25	10,390,830.48	94%
4	10	T	*Units*	12,662	10,426	138,268	3	34,379	297,843	93%
			Dollars	1,747,839.12	855,105.06	6,142,098.18	136,250.76	1,831,970.83	28,101,624.27	92%
1	12	U	*Units*	28,031	7,270	282,250	2	33,683	464,488	93%
			Dollars	4,770,955.58	274,086.00	10,895,628.29	463,978.00	749,886.52	44,088,099.35	90%
2	13	V	*Units*	32,998	12,991	127,266	12	16,244	140,034	75%
			Dollars	2,449,067.77	2,259,439.10	5,043,111.64	63,033.56	446,935.13	10,618,917.59	69%

FY97 DSS Outpatient Workload; Units, Dollars not in NPCD, compared to that in NPCD

(Continued)

Rnd.	VISN	Station Code		Util Built =Y	CLI Flag =Y	PRE Flag =Y	SSN= 100101000	NO SHOW Flag=Y	NPCD	% NPCD* of total work
2	13	W	*Units*	60,371	15,083	117,268	9	17,623	256,714	77%
			Dollars	7,723,850.87	1,560,593.02	5,815,564.99	572,925.68	491,417.51	15,201,010.34	62%
1	13	X	*Units*	120,178	117,036	435,940	12	45,678	591,851	71%
			Dollars	17,085,193.76	19,437,731.75	18,673,251.00	644,203.00	1,441,576.58	42,726,689.56	54%
2	13	Y	*Units*	45,589	14,532	117,112	7	8,813	110,481	65%
			Dollars	6,552,608.49	1,181,693.22	4,669,439.76	490,877.96	437,087.26	7,138,250.55	48%
2	13	Z	*Units*	35,753	5,909	83,249	8	10,983	226,577	84%
			Dollars	2,372,709.83	131,098.81	3,865,980.53	50,093.85	216,439.64	10,782,355.34	81%
5	15	AA	*Units*	19,982	5,956	136,049	7	12,843	201,947	89%
			Dollars	3,649,589	953,261	11,328,501	152,795	500,847	22,781,194	83%
2	15	BB	*Units*	20,335	45,826	246,305	2	30,689	266,436	80%
			Dollars	2,444,448.17	3,615,428.24	6,544,055.21	55,008.43	2,212,791.47	39,540,748.85	87%
3	15	CC	*Units*	10,319	17,285	106,904	2	18,728	134,451	83%
			Dollars	1,380,677.13	1,242,946.71	4,071,530.44	55,655.35	1,061,339.19	8,840,564.49	77%
4	15	DD	*Units*	10,562	29,871	207,138	2	20,989	234,747	85%
			Dollars	1,676,660.25	1,765,539.10	7,571,230.93	87,342.01	247,790.06	15,687,723.59	82%
4	15	EE	*Units*	45,576	76,684	308,713	2	58,271	491,982	80%
			Dollars	8,303,947	9,909,728	12,559,362.83	260,874.28	2,619,919.24	41,907,085.20	70%
1	16	FF	*Units*	53,319	33,748	360,249	5	43,178	386,416	82%
			Dollars	5,393,730.48	2,224,225.94	11,880,286.39	146,828.97	2,384,951.58	39,114,767.70	84%
1	18	GG	*Units*	5,832	6,596	88,725	2	7,104	104,340	89%
			Dollars	498,253.39	892,651.63	2,980,668.34	150,137.95	201,351.84	10,861,081.57	89%
3	19	HH	*Units*	3,791	5,187	41,839	3	6,935	90,752	91%
			Dollars	1,148,030.90	519,846.02	1,094,425.00	35,203.18	200,006.80	7,729,004.64	82%
1	20	II	*Units*	45,644	55,680	263,630	2	36,582	401,738	80%
			Dollars	7,790,266.07	7,221,631.25	15,895,051.98	583,431.10	562,636.05	39,672,679.35	73%
1	22	JJ	*Units*	200,862	32,041	238,617	2	79,566	605,391	72%
			Dollars	25,115,038.04	6,377,123.09	15,032,233.46	621,897.33	1,278,153.45	43,868,586.35	58%

*NOTE: In FY97, the % NPCD of total work represents the lowest possible percent. This may not represent all lost NPCD workload. In some cases, some of the differences are due to records disconnected between encounter stop and utilization stop (UTIL BUILTS). The results from this condition in FY97 were seen most commonly in major ECS users and reflected primarily in major differences in dollars. (Example: In FY97 is station JJ a major ECS user.) The ECS disconnect was converted in FY98, by ensuring all ECS departments transmitted their stop code to AAC on the utilization records.

PART IIB – OVERVIEW OF DSS MEDICAL RECORD ENHANCEMENTS FOR FY98

I. In FY98, DSS has added seven major functional enhancements to its previous Medical Record handling:

1. Year 2000 compliance.

2. Add Inpatient Surgical CPT code to the Medical Records side.

3. Adding a new Inpatient provider field for residents (Primary Ward Provider) and one for Discharge Attending information.

4. Enhancing the manner Inpatient provider changes (of both attending and ward provider) within a treating specialty are tracked on DSS.

5. Adding a flag for all observation patients which are identified by either an observation treating specialty code or by the use of one of the six observation primary stop codes.

6. Adding a CLI flag = q value to indicate all CLI appointments with no action taken. (These CLI flag = q encounters should be audited by site DSS and MAS staff to remedy future occurrences of these "indeterminate status" cases).

7. Several other new field additions and enhancement/modifications. Please see ***Appendix One*** for details on all of these FY98 enhancements/modifications.

II. Additionally in FY98, fewer resource utilization records will be added to the SSN for unclaimed utilization records (SSN 100-10-1000 – RPM Enhancement Report). Most utilization records with valid SSNs, but no matching encounter, will have an encounter built in the "UTIL BUILT" process in FY98. The exceptions are CLI (which would only occur if errors in posting CLI MED RECs) and UDP which will be UTIL BUILT in FY99. (Please see ***Figures VI-i and accompanying text (pp. 30-33.)***

PART III - COMMON BUSINESS ISSUES FOR USE OF DSS MEDICAL ENCOUNTERS

Because of the way DSS, assigns all ancillary utilization costs on the inpatient (or outpatient medical record), DSS Medical Encounters add major value to VAMC business needs.

A. COSTS FOR INPATIENT ENCOUNTERS

1. Selling cases

   Most VAMCs need to know what the costs are for common DRGs which they may wish to sell to insurance payors, CHAMPVA, DOD, Tricare or Medicare.

2. Benchmarking Performance

   Most VAMCs want to compare costs of various types of Inpatient encounters between other VAMCs in the VISN and nationally, with a specific focus on utilization per case while maintaining quality.

B. BUNDLING COSTS, OF A SET OF PRODUCTS OR TYPE OF CARE

1. Outpatient Bundles

   Many VAMCs wish to sell pre-op work up packages, post-op rehab packages, or an all-inclusive pre-op, outpatient op, post-op follow-up packages.

   Because the FY97 and FY98 outpatient encounters defined by VA are very detailed (Lab, X-ray, Medical visits all are separate encounters), DSS can be used to select all or just certain components of outpatient care to bundle for payor billing or outpatient contracting to DOD, University, or Tricare payors/purchasers. The VAMC's CFO and contracting agent should work closely with QA/UR nursing and the clinicians (MD, RN, etc.) on the types of cases they wish to sell, to be sure all utilization and all costs are included in the calculations.

2. Outpatient Special Services

   Sometimes VAMCs wish to sell just a single item (e.g. MRI; CT Scan; Mammography) to a nearby provider such as DOD, University or community hospital. To set a price that meets congressional standards, the VAMC must include all costs of that procedure, test, drug, or care set. In FY98, DSS passes not only variable and fixed direct costs, and indirect costs (fuel, utilities, security, fiscal, Human Resources, etc.), but also passes to the VAMC DSS fixed capital equipment costs (annual historic depreciation, in monthly installments); capital facilities costs; VISN; VACO; and other national costs (CIOFOS, RMECS, etc.). Even with all of these costs added to the relatively low direct costs, VA products and special services often cost far less than private sector prices. Remember VA costs in DSS include both Physician/Provider costs and facility costs [=Medicare Part A and Part B (doctors')].

C. APG's/CPTS AND COSTING OUTPATIENT WORK

1. *APG Grouper of 3M (a.k.a. "APC" grouper)*

In FY98, the VA (DSS, Performance Measure, Management Sciences) is in active test of the Ambulatory Procedures Grouper ("APG") of 3-M.

This APG group will be used by HCFA starting in January 1999 under a new name "APC" grouper as a case-mix marker for reimbursing outpatient surgical procedures. At a later date, it may be used for all outpatient services. The reason an APG grouper is needed, is similar to why a DRG grouper is needed for inpatients. These groupers try to clump similar types of interventions on patients so that a minimal cost set can be established that reflects the required interventions. The APG grouper uses CPT procedure codes and ICD-9 diagnostic codes, and then clusters the CPTs into significant intervention procedures (like Surgical ones); Ancillary Tests and Procedures; and Medical Doctor E&M (Evaluation and Management) APGs, by body system. The VA and DSS expect to use APGs in FY99 for all outpatient work. The APG grouper rejects data via its error codes, when ICD-9s do not fit with the listed CPTs and for other problems in coding.

2. *HCUP-3 in 1999*

In FY99, DSS will also have the Healthcare Cost Utilization Procedure V3.0 of HHS, to group primary diagnostic codes (ICD-9) of inpatient and outpatient encounters into 260 plus HCUP groups.

3. *CPT Codes*

CPT (Common Procedural Terminology) codes are developed and maintained by the AMA to aid Physician Reimbursement. The AMA makes $70 million/year selling CPT code sets to hospitals and clinics in the US. 3-M company for HCFA has developed ICD-10 procedure codes that are used instead of CPT codes in Germany, Spain and other European countries. ICD-10 procedure codes are internationally standard intermediate product codes that are not proprietary and they are far more specific for NON-MD care products than CPT codes.

4. *CPT Codes and Quantity*

In general, CPT codes are not related to costs of products. Every private sector facility has its own internal "charge master list" which lists its prices for procedures, tests and other intermediate products that were used to produce some encounter, and labeled for billing purposes with a CPT code, or series of CPT codes. For example, for outpatient surgeries, the bill with the CPT code on it, will also list the number of 15-minute intervals of OR time; anesthesia time; and surgeon time. For the same surgical CPT code, one patient could use five times the resource than another. CPTs in general do not recognize quantities of more than one per CPT per day. In DSS, as in the surgical example, the time to produce a CPT

code procedure, may vary widely. Therefore, ECS, Lab, scheduled CLI time and other cost products represent far more accurate costs per SSN, than just a CPT code alone.

5. ***Finding Costs/CPT Code for Selling Outpatient Products***

The VAMC can make an approximation of what certain CPT codes and provider types cost for purposes of price-setting and billing local purchasers. To do this the VAMC should use DSS to select only those encounters and provider type that occur as single CPTs per encounter. (When multiple CPTs occur per encounter, the accurate costing of the component CPTs requires multiple regression statistics). Then the VAMC, should look at the range of costs for that CPT (one-to five-fold, one-to ten-fold, etc.). The QA/UR nurses should help the DSS Site Manager determine the characteristics of the cases that have the largest costs/CPT versus those with the lowest cost. This is known as risk-appraisal and it will be used for risk-adjusting the contract. For example, if audiology evaluations take three times as long on persons over 70 years old with some hearing impairment than on non-impaired persons in the 20-40 year old range, then the VAMC might use the lower range of costs for that CPT with DOD for active military but use a price from the higher range with military retirees.

This type of analysis before applying a price for external selling, is critical to mental health, rehab, and other services which may require several hours of that is represented by a single CPT code "product," or encounter designated by a CPT code.

D. CLINICAL GUIDELINES

The practice of healthcare has changed radically in the past several years. With managed care comes the need to ensure that minimal care standards are met per type of case or health status. To ensure this, national quality of care organizations and specialty groups like the American Diabetes Association, develop annual Quality of Care guidelines. These are presented to healthcare facilities as required HEDIS guidelines. Additionally, most healthcare facilities establish their own clinical care guidelines for quality assurance purposes and to lower excess use of resources. Mass General Hospital has 128 guidelines on DSS, for its 12 major service lines. On the clinical side, DSS has the large case manager module, which allows the DSS Clinical Coordinator to set up the FY98 required VHA guidelines on DSS and any local VAMC or local VISN ones needed.

When the VAMC DSS is close to current, these guidelines can be updated monthly, so the VAMC can determine monthly how it is doing compared to the national standard.

A large part of the FY98 Diabetes guideline has been set up in a test environment. CIONTE&O DSS clinical trainers are available to consult with site teams on the use of various DSS clinical applications to measure compliance with the Diabetes and other VHA guidelines. The Mental Health (MH) Major Depressive Disorder Screen will be set up as soon as the Depressive screening tests can be measured locally on the MH VistA package and results FTP transported to DSS.

ASIs (Alcohol Severity Indices) will come to DSS in FY99 via an AAC stream from the National VA Pittsburgh Mental Health database.

The National Surgery Protocol for Benign Prostatic Hypertrophy (BPH) treatment with two drugs prior to considering any surgery, can be set-up now using the Pharmacy UDP and PRE feeder systems.

E. PROVIDER/PRACTICE PROFILING

For FY99, Provider or Practice Profiling will be done using resource utilization measures per unique SSN/Patient, per panel of primary care providers with certain risk adjustments. DSS will provide two of the four FY99 Performance Measures. These are for resources (utilization), costs for Lab and Pharmacy. ***Appendix 2*** includes details on the plans for FY99 provider profiling.

There are major problems in Provider Profiling that all health facilities recognize. The list of these below was recently published in a national journal, relating mainly to private sector medical centers. These measures have the goal to change provider behavior for better patient care/outcomes. To date, despite a great deal of measurement, there is very little evidence provider/practice profile measures change behavior very much. These should be used as an adjunct to guidelines and to overall operations/process improvement group's work by case-mix type.

STANDARD PROBLEMS / ISSUES IN PROVIDER PROFILING IN ALL HOSPITALS:

1. Lack of consensus as to the appropriate indicators or measures to report;
2. Lack of knowledge concerning stakeholder information preferences;
3. Inadequacy and inaccuracy of existing information resources and databases;
4. Invalid or absent risk or severity adjustment methodologies;
5. Lack of standardization in measures selected and the statistical formulae used;
6. Failure to have report cards verified by an independent agent; and
7. The direct and indirect costs of developing and producing a report card.

(From Slovensky, D.J., Fottler, M.D., Houser, H.W., "Developing an Outcome Report Card for Hospitals: A Case Study and Implementation Guidelines." J. of Healthcare Management, 43 (1) Jan/Feb, 1998, p.15-35.)

DSS does Provider Profiling very well, both for the private sector and for VHA. DSS has DSO's (Decision Support Objects); many other types of outpatient reports and a range of provider–specific DCR (Inpatient) reports by ordering provider as well as by care segment attending or resident. The biggest issues for the VA, VISNs and VAMCs to address over the next several years, are:

1. A Policy Issue:

   What does the VHA want to profile? What is the proximate purpose for enhancing patient welfare, and what are the agreed upon standards?

2. A Business Practice Issue:

   Some VAMCs do not fill in Primary Care Provider fields universally. Others do not upkeep attending and resident change events for inpatients well, etc. This will have to be corrected by FY99.

3. A VistA Technical Systems Insufficiency Issue:

   VistA has no way of tracking ancillary resource utilization to the ordering outpatient encounter. This creates many problems for certain types of practice profiling and particularly for modeling resource use per outpatient care-type, and for contract price setting.

- Current Provider Fields in DSS:

  Please see ***Appendix 2 Part IV*** for all the VistA Provider fields currently available on DSS. Also see next page for a list of DSS provider fields by Extract.

- Fields Missing on VistA for more Robust Provider Profiling:

  Please see ***Appendix 2, Part III*** for Provider Profiling fields missing at this time on VAMC transaction systems (VistA).

DSS FY98 Provider Fields

Inpatient

ADM	***Primary Care Team***	***Primary Care Team*** to which patient is assigned Filled with value from PCMM. If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File). If both PCMM & File #2 are null, sends null
ADM	***Primary Care Provider***	***Primary Care Provider*** to which patient is assigned Filled with value from PCMM. If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File). If both PCMM & File #2 are null, sends null
ADM	Admitting Attending	Attending MD for the Admission Filled from field with same name in Patient Movement File
ADM	Ward Provider	Other provider assigned to admission, may be resident, Nurse practitioner, PA Filled from field name "Primary Care Provider" in the admission in Patient Movement File
ADM	Ward Attending Begin Date	Beginning Date for first attending inpatient segment of care Filled with admission date for first segment
ADM	Ward Provider Begin Date	Beginning Date for first ward provider inpatient segment of care Filled with admission date for first segment if Ward Provider is not null.
TRT	Ward Attending	Attending MD for the next segment of inpatient care Filled from field with same name in Patient Movement File whenever there is a new value
TRT	Ward Attending Begin Date	Beginning Date for next attending inpatient segment of care Filled with date a change in attending is recorded in the Patient Movement File
TRT	Ward Provider	Ward Provider for the next segment of inpatient care (independent of changes in values of ward attending) Filled from field with same name in Patient Movement File whenever there is a new value

TRT	Ward Provider Date	Beginning Date for next ward provider inpatient segment of care Filled with date a change in attending is recorded in the Patient Movement File
TRT	Discharge MD	Filled with value of Attending in Patient Movement File discharge transaction
TRT	Discharge Ward Attending	Filled with value of Attending in Patient Movement File discharge transaction
TRT	Discharge Ward	Filled with value of ward provider in Patient Movement Provider File discharge transaction
PTF-M	Discharge Service	Service from which patient was discharge Derived by SAS from treating specialty field value in final (discharge) PTF-B transaction
PTF-B	PTF Treating Spclty	Inpatient segments of care, by treating specialty Filled with information from PTF - NOT from Patient Movement File
SUR	Surgeon	Filled with value in field of same name in DSS extract from VistA Surgery Package
SUR	Attending Surgeon	Filled with value in field of same name in DSS extract from VistA Surgery Package
SUR	Anesthesia Supervisor	Filled with value in field of same name in DSS extract from VistA Surgery Package

Outpatient

PRE	Provider	Provider who wrote prescription Filled from Provider field in VistA Outpatient Pharmacy pkg (File #4)
PRE	Treating Spclty	Treating Specialty of Inpatients (Inpatients Only) Filled with Trting Spclty of location of inpatient
PRE	***Primary Care Team***	***Primary Care Team*** to which patient is assigned
NOS		Filled with value from PCMM
CLI		If PCMM is null (or not operating) filled with value in field of same name in VistA File #2

		(Patient File) If both PCMM & File #2 are null, sends null
PRE	***Primary Care Provider***	***Primary Care Provider*** to which patient is assigned
NOS		Filled with value from PCMM
CLI		If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File) If both PCMM & File #2 are null, sends null
CLI	Provider	Provider with whom the appointment was scheduled Filled by DSS CLI extract
NPC	Primary Provider Type	File #200 Person Class value in NPCD field of same name
NPC	Provider Type	Multiply-occurring File #200 Person Class values in NPCD field of same name
NPC	NPCD Outpt Provider	Null until value is sent to NPCD
NPC	Providing MD	Null until value is sent to NPCD

PART IV. - SOURCES OF DSS MEDICAL RECORDS DATA/DATA FLOW AND PROCESSING ACCRETION

SOURCES OF DSS DATA

A few basic facts shape how and where DSS collects medical records information. First, DSS is a secondary, database application: DSS uses only data already being collected in other, primary systems such as the Lab, Radiology and Nursing VistA packages. If the data is not in VistA, or is of inaccurately input quality, that is not a DSS responsibility, rather it is the VA Medical Center's. Second DSS collects information from national VHA databases. DSS collects from site VistA extracts only when the necessary information is not available in the national database. As an example, the patient's original admission date (important data for DSS) is not available in the national PAI file in Austin. Therefore, it was necessary to create the DSS PAS extract to obtain that data from each site's VistA files. The two extracts, the national data and the local data, are then combined in the SAS processing at AAC when each site posts medical records in DSS.

(Please see The DSS Feeder System Acronyms below and Charts IV-a – IV-c)

ACRONYMS FOR CLINICAL DSS WORKLOAD (NON-FINANCIAL) FEEDER SYSTEMS

Medical Records Extracts

ADM	Admissions
MOV	Physical Movements (Transfers and Discharges)
TRT	Treating Specialty Changes
PAS	Patient Assessment Instrument (with original Admit date)
PAI*	Patient Assessment Instrument (with RUG info)
PTF-M*	Patient Treatment File - Main
PTF-S*	Patient Treatment File - Surgery (multiple)
PTF-B*	Patient Treatment File - Bedsection (multiple)
PRE	Prescription Patient Demographics
NOS	No Shows
NPCD*	National Patient Care Database
CLI	Clinic Visit Data Patient Encounter Info
SUR	Surgery

Utilization Data Extracts

ASC*	Ambulatory Surgery CPT's
CLI	Clinic Visit Data
DEN	Dental
ECS	Event Capture System
ECQ	ECQ Quasar Extract
IVP	IV Drug Pharmacy Data
LAB	Laboratory
NUR	Nursing
PRE	Prescription Outpatient Pharmacy
RAD	Radiology
SUR	Surgery
UDP	Unit Dose Pharmacy
ROOM	Beddays from MOV (see Medical Records Extract above) (Does not include lodgers)

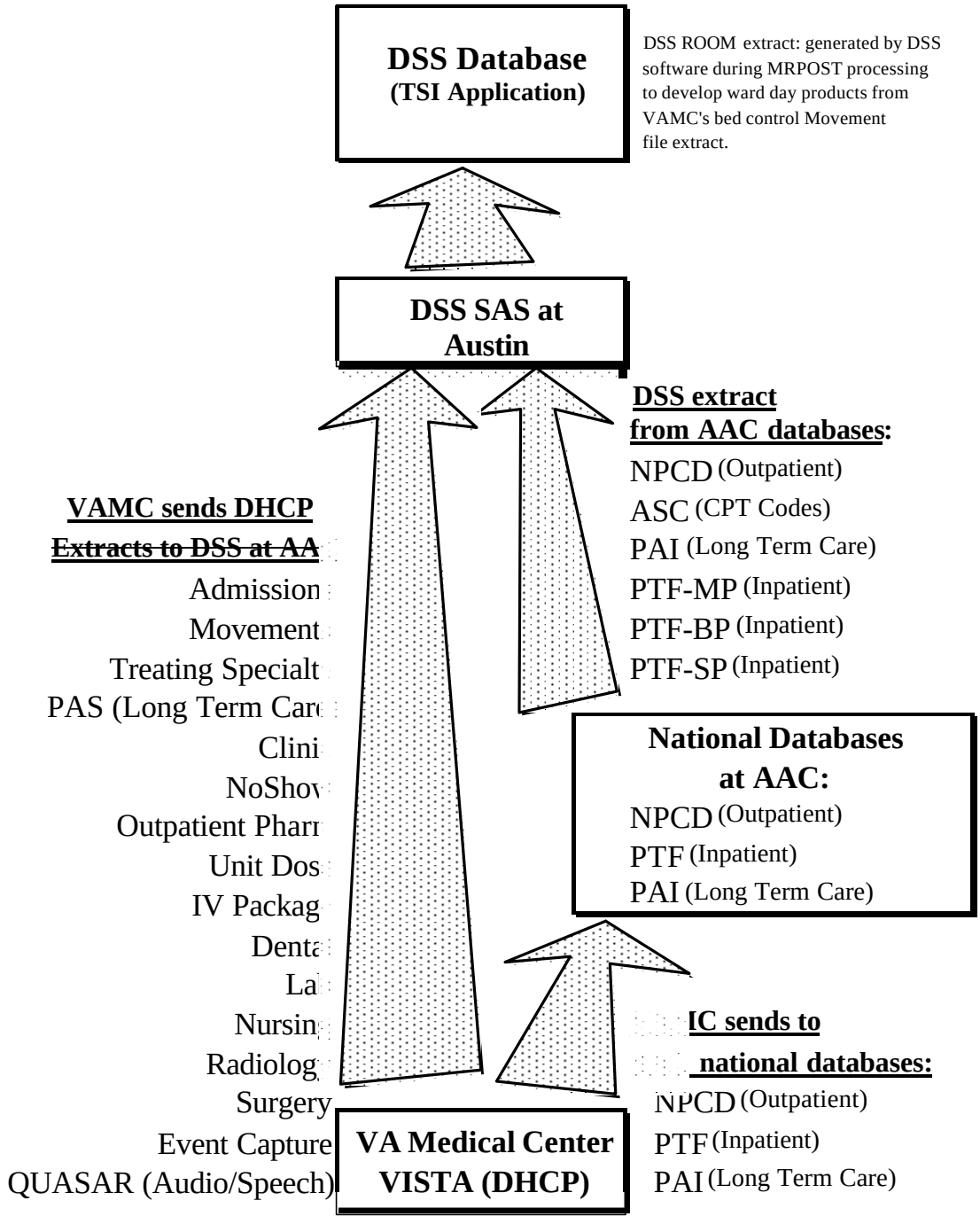
Quality Management Extracts

LAR	Laboratory Results

*From AAC files.

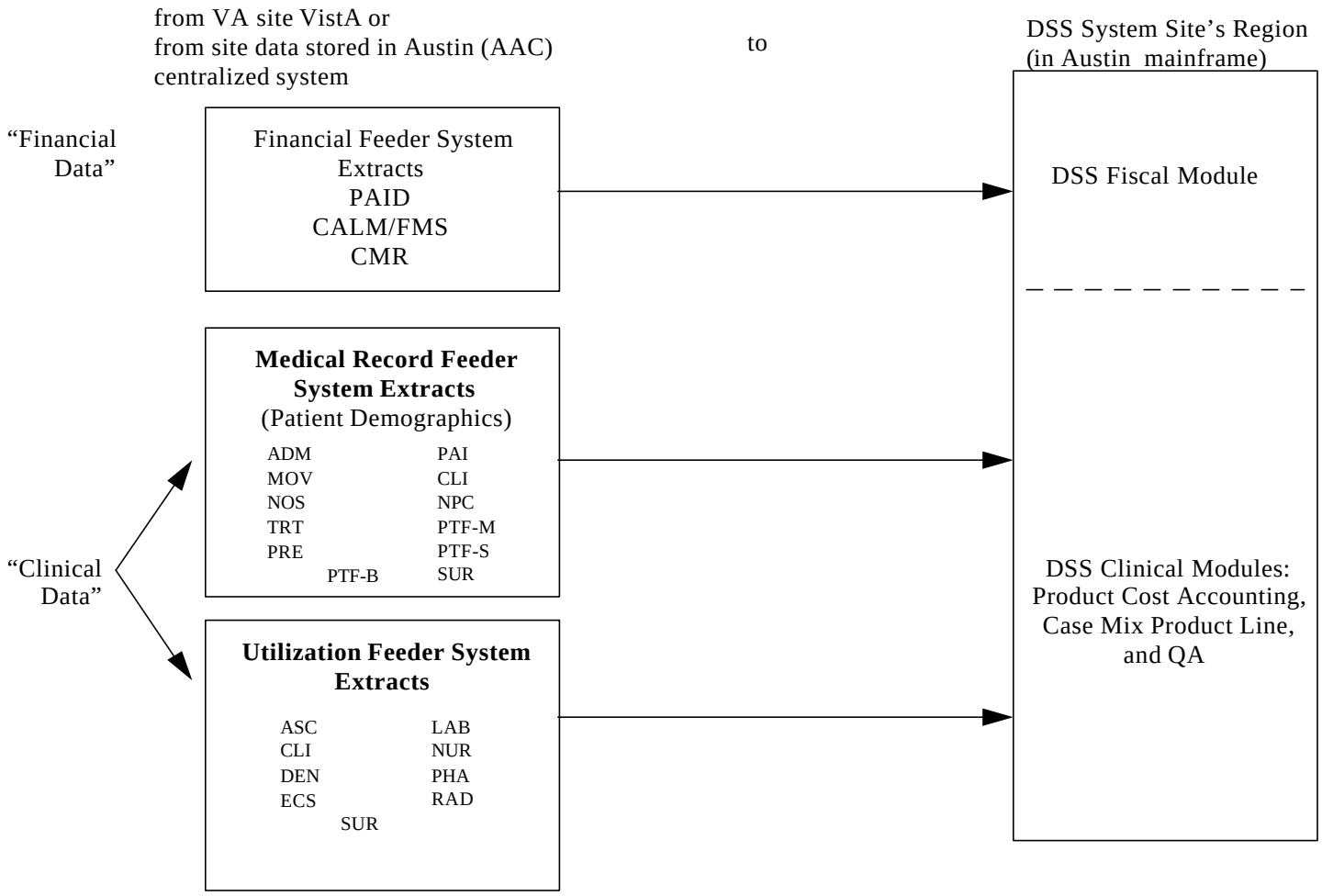
IV-a. MR DATAFLOW TO DSS

FY98 DSS Data Flow Diagram: Overview for Medical Record Data

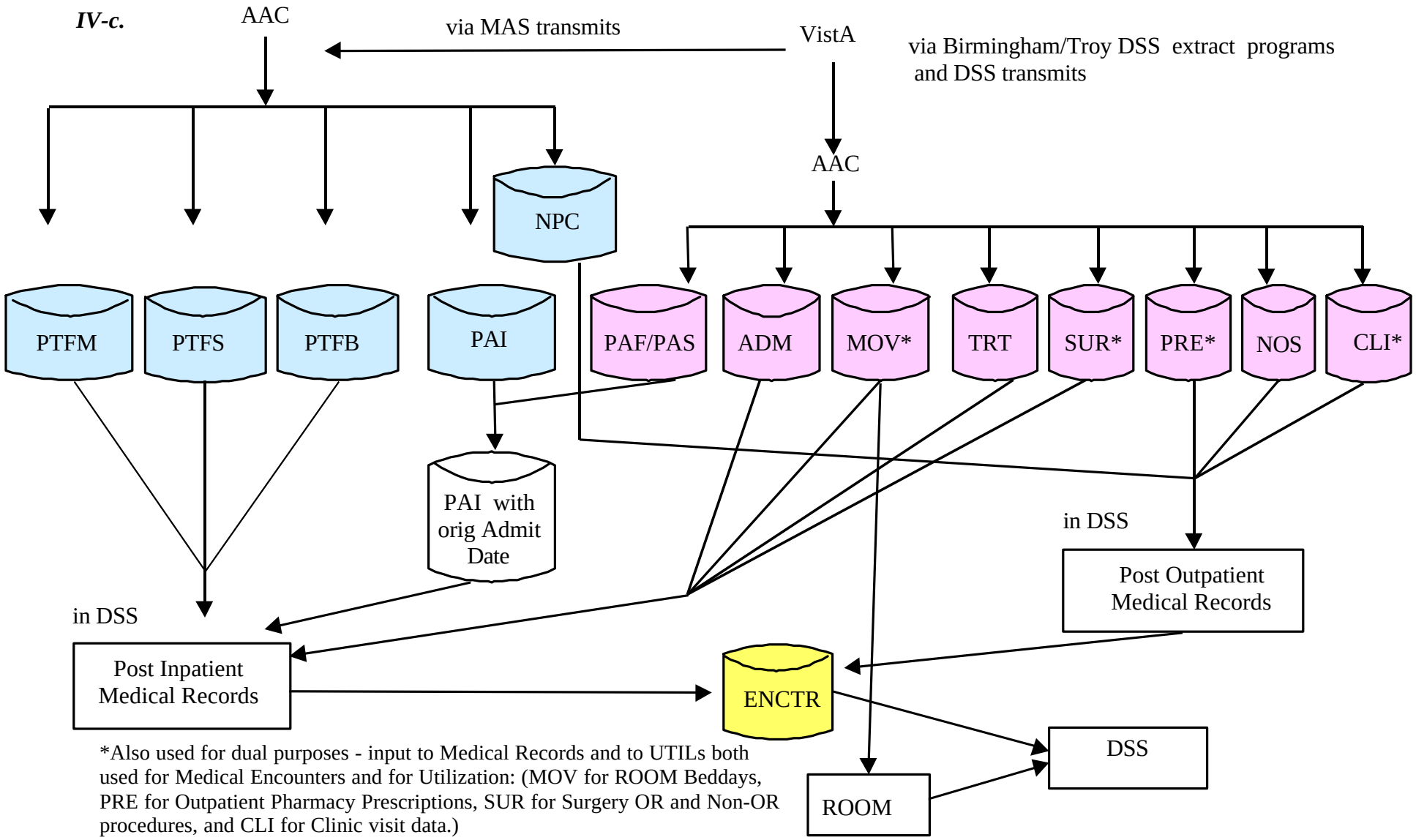


IV-b.

Overview of Inputs to DSS



DSS Medical Records Inputs and Processing



GRADUAL ACCRETION OF POSTED INFORMATION BUILDS AND REFINES DSS MEDICAL RECORD ENCOUNTERS

Patient encounter records are built up over time in DSS, as more information is added. ***(Please also see Figures IV-a. – IV-i.)***

Inpatient Encounters

Inpatient encounter records begin with the ADM extract. Changes in the patient's status are extracted monthly in the MOV extract and added to the encounter. Changes in treating specialty are also extracted monthly, in the TRT extract. For long-term care, the semi-annual, and any other, RUG updates are collected in the PAS extract. The discharge is recorded in, and collected from the MOV extract. This is the point at which ROOM products for that patient stop being generated for DSS. After the patient is discharged, additional information is added to the encounter through the PTF extracts. Instances of Absent Sick In Hospital (ASIH) are captured in the MOV extract. In FY98, a new inpatient Medical Record with the Inpatient Surgical CPT code, and Primary and Secondary Surgeons is captured using a Medical Record View of the SUR utilization extract. ***(Please see Charts IV-d. through IV-i. to see the data accretion sequences for inpatient cases on DSS.)***

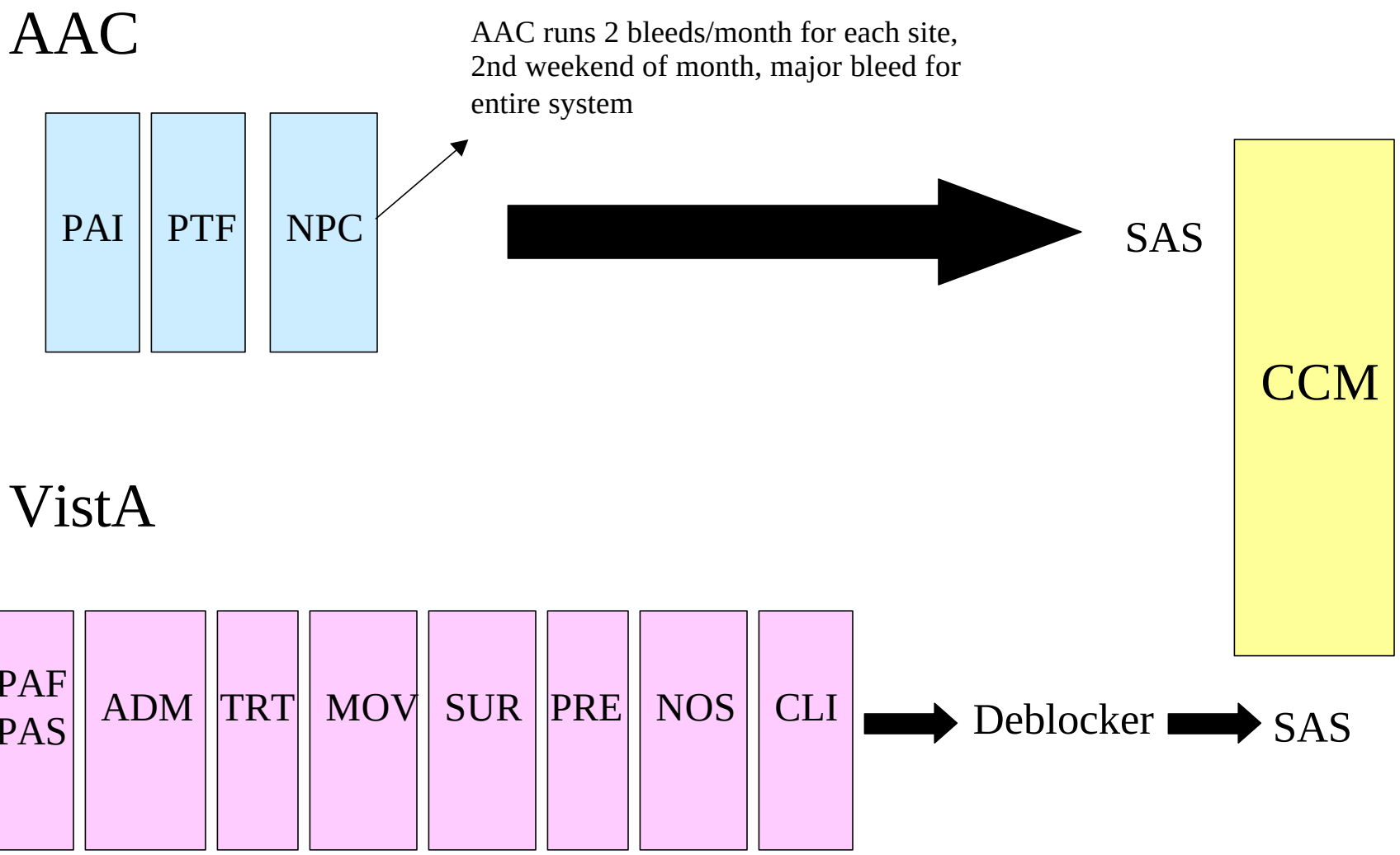
Outpatient Encounters

Outpatient encounters may also be built over time. DSS first builds encounter records from each clinic entry provided for the patient for a particular date; when NPCD receives a "final" record for the clinic MAS entry that overwrites and changes the billing status flag to "final" for the encounter. DSS also has to build medical encounter records from utilization records if no matching encounter record is present. To enable DSS to assign costs that are specific to the month in which they occur, monthly DSS medical record posting builds outpatient encounters from five different sources. These are built in the prescribed order below:

(Please see Figures IV-h. and IV-i.)

The five sources of the DSS Outpatient Encounter building in sequential order are:

PRE extract - In FY97, the VA outpatient data collection system (PCE and Ambulatory Data Capture Project Software at the medical center and NPCD at Austin) did not collect data about pharmacy activities. Therefore, DSS created an outpatient encounter when prescriptions are issued to patients. This is so that there would be an encounter for which the utilization records (prescriptions and costs) could be linked.


AAC
AAC runs 2 bleeds/month for each site, 2nd weekend of month, major bleed for entire system
PAI
PTF
NPC
SAS
CCM
VistA
PAF PAS
ADM
TRT
MOV
SUR
PRE
NOS
CLI
Deblocker
SAS

IV-e.

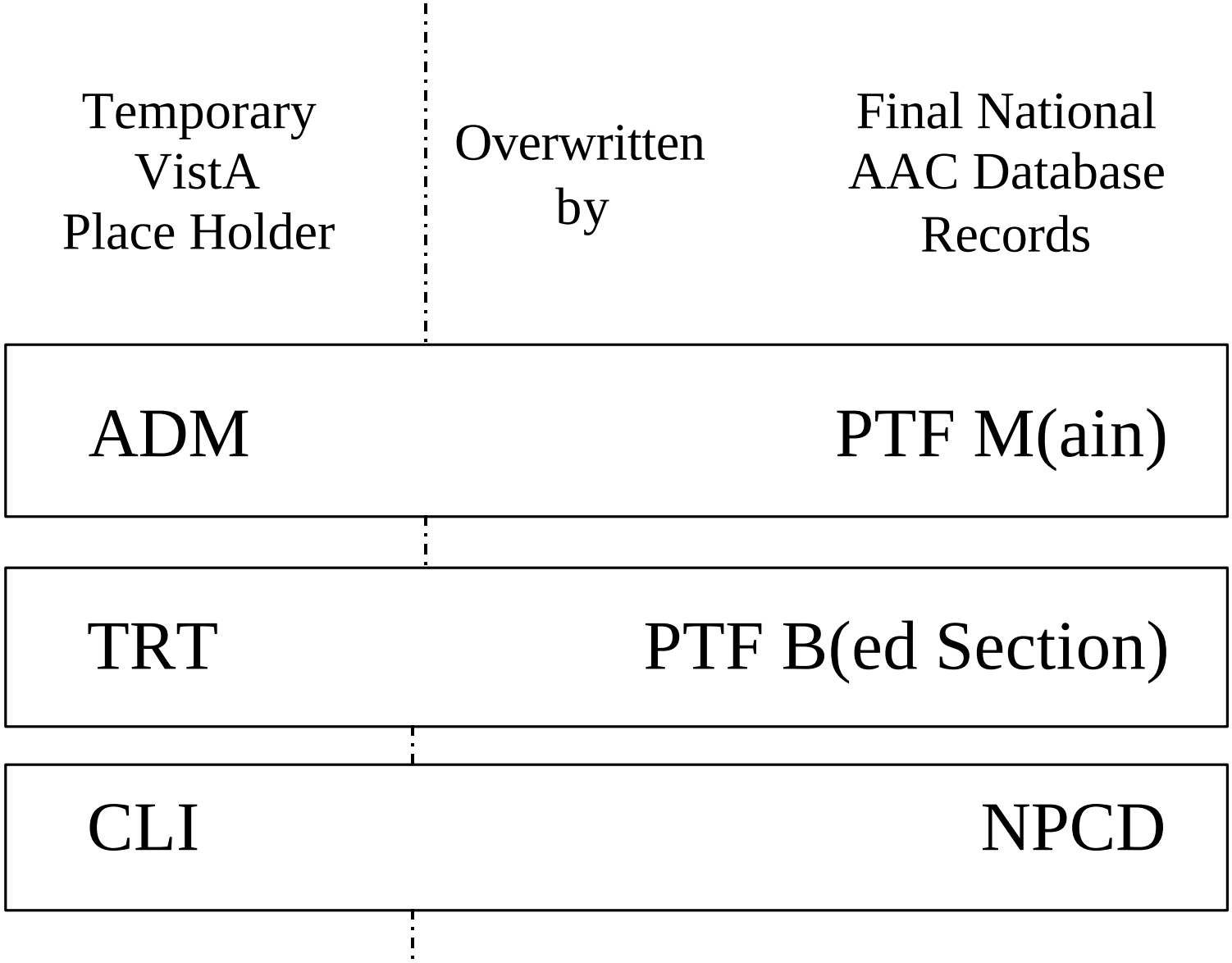

Temporary
VistA
Place Holder
Overwritten
by
Final National
AAC Database
Records
ADM
PTF M(ain)
TRT
PTF B(ed Section)
CLI
NPCD

Figure 1 **– Diagram of FY98 DSS Inpatient Medical Records Processing**

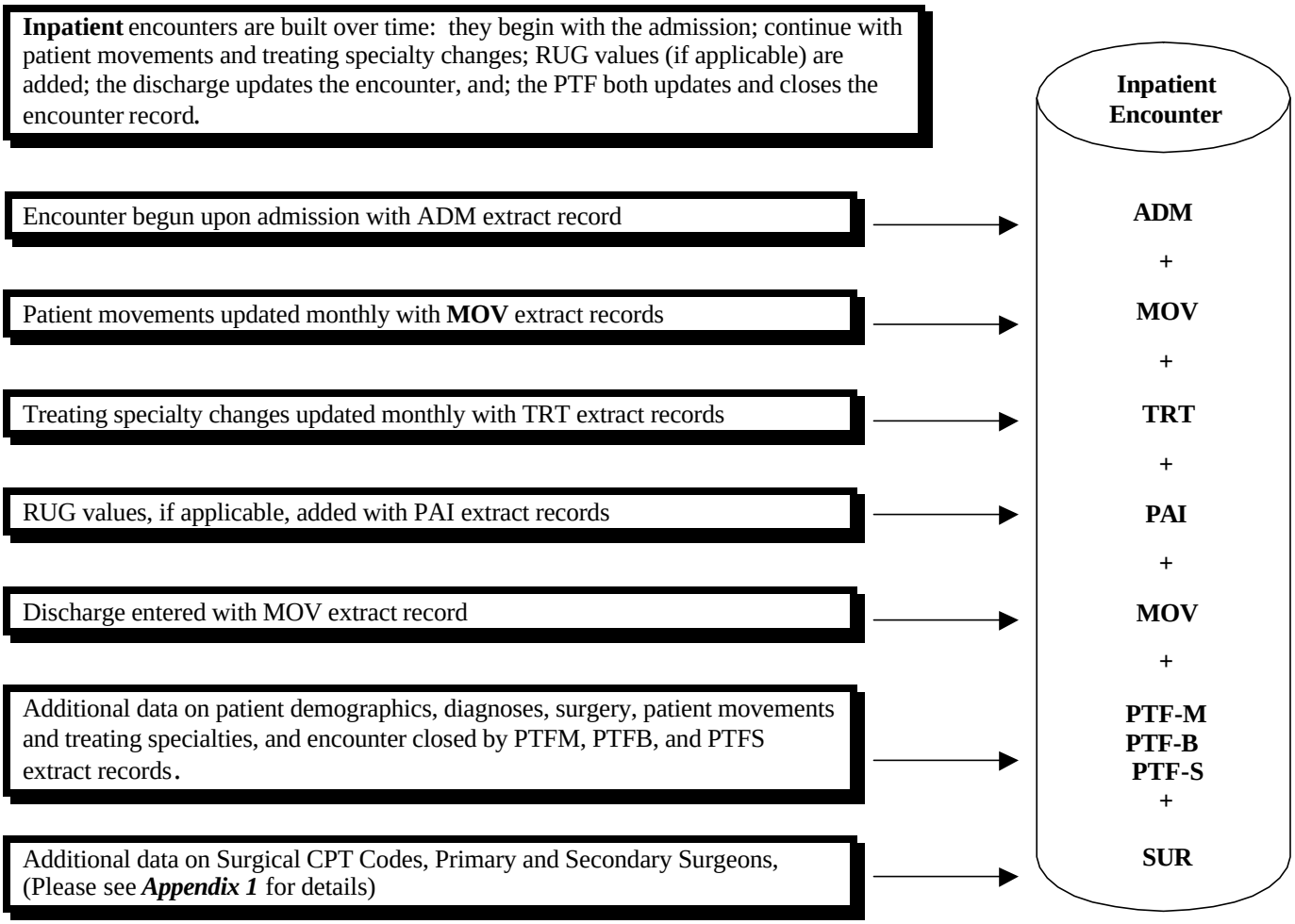
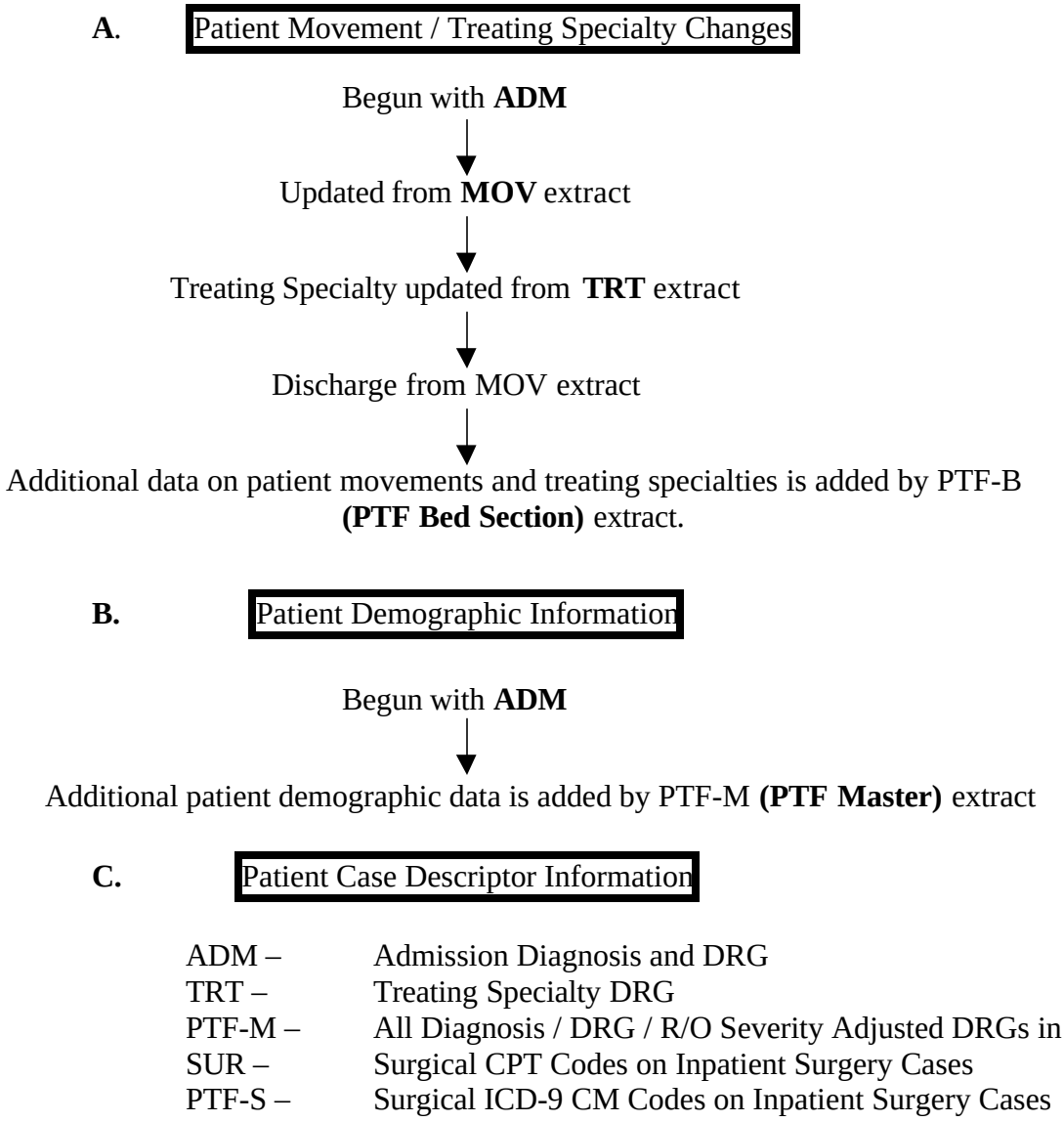


Figure II G

Diagram of Accretion of Data Over Time on an Inpatient Medical Record on DSS



ADM – Admission Diagnosis and DRG
TRT – Treating Specialty DRG
PTF-M – All Diagnosis / DRG / R/O Severity Adjusted DRGs in FY99
SUR – Surgical CPT Codes on Inpatient Surgery Cases
PTF-S – Surgical ICD-9 CM Codes on Inpatient Surgery Cases

Outpatient Medical Records (continued from page 22)

- NOS extract - The VA outpatient data collection system does not transmit information about no-shows to the Austin outpatient database (NPCD), so DSS creates an outpatient encounter for each record in the NOS extract. Then when the no-show utilization record from the CLI extract is processed, there will be a DSS outpatient encounter to which it can link.

- CLI extract -- Encounter records are created in DSS for clinic visits for two reasons:

  1) To capture the workload in the same month that it captures the costs of producing it, DSS needs to build an encounter in the same month that utilization records will be posted.

  2) DSS collects data through CLI that is not currently available in the VA outpatient data system: Provider, Primary Care Team and Primary Care Provider are all fields that DSS collects through CLI and posts to encounters through CLI. When the NPC extract encounters over-writes the CLI-built encounters, these fields are and remain in the outpatient encounter record, if values are provided from VistA.

- NPC (NPCD) extract - This Austin extract brings to DSS information collected in Austin by the VA outpatient data collection system. DSS uses this information to create encounters to overlay existing encounters, with final outpatient encounter information.

- Util-Built – A skeleton outpatient encounter is built by the DSS UTL.PROC software routine when no encounter can be found with which to link outpatient utilization records from the SUR, LAB, RAD, ECS and ECQ feeder systems. A separate Util-Built encounter is created for each SSN, Date, and Stop Code combination. If UTL.PROC finds five lab test utilization records for the same patient for the same day without an encounter, one outpatient encounter record will be generated and all five lab test utilization records would be linked to it. This encounter, with its five costed products, is then over-written when and if the matching NPC record is posted.

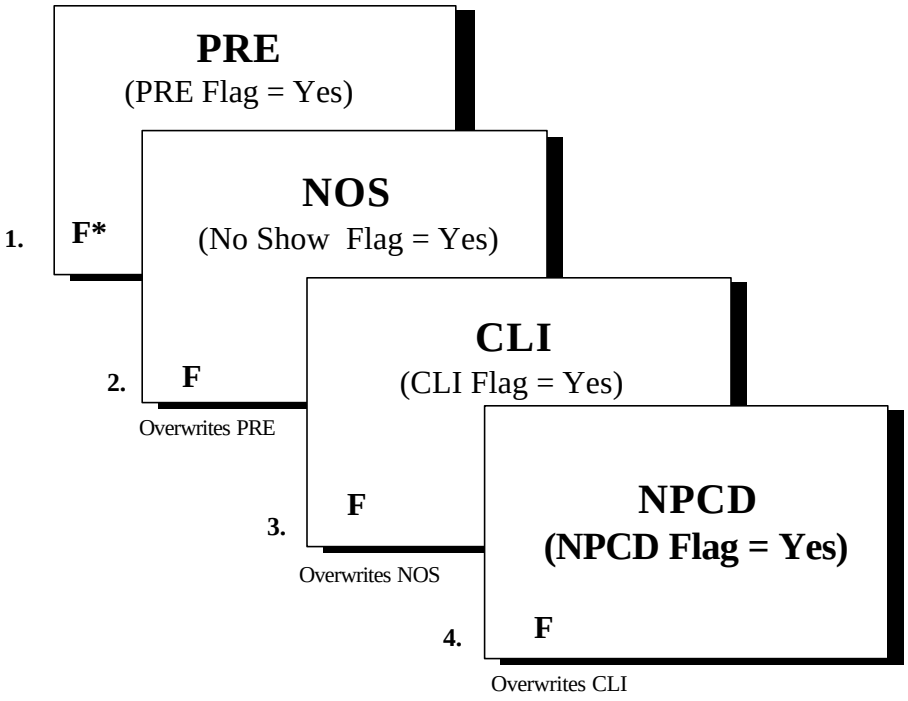
Outpatient Encounters Summed per Primary Stop Every24 hours by SSN in DSS

In FY97 DSS technically was required to modify slightly how outpatient activity from the same primary stop for the same SSN and day is managed. This technical modification provides (1) enhanced comparability between VAMC outpatient databases and (2) moderates slightly the huge increase in outpatient database size at AAC caused by the new definition of an outpatient medical record encounter. For records from the same primary stop code for the same SSN, on the same day, all utilization and information from additional medical record encounters for that primary stop are posted to a single DSS encounter for that SSN, primary stop and date. Hence, all costs, demographic data, diagnostic data and other billing labels are collected in a single encounter per primary stop. This greatly (1) enhances ease and reliability of outpatient billing audits (2) permits comparability between VAMCs where some sites report only one encounter for each primary stop code/ SSN/ day in multidisciplinary clinics with up to 12 or more individual providers, and where other sites report 12 or more individual credit pair DSS identifier encounters with that single primary stop, SSN and day. Until the practice of outpatient encounter entry for multidiscipline clinics is standardized in VHA, this DSS approach appears to be the most practical and reliable available.

Figure IV-h.

OVERVIEW

FY98 DSS Outpatient Medical Record Encounters Building Process



*F: Billing Status = Final

Figure IV-i

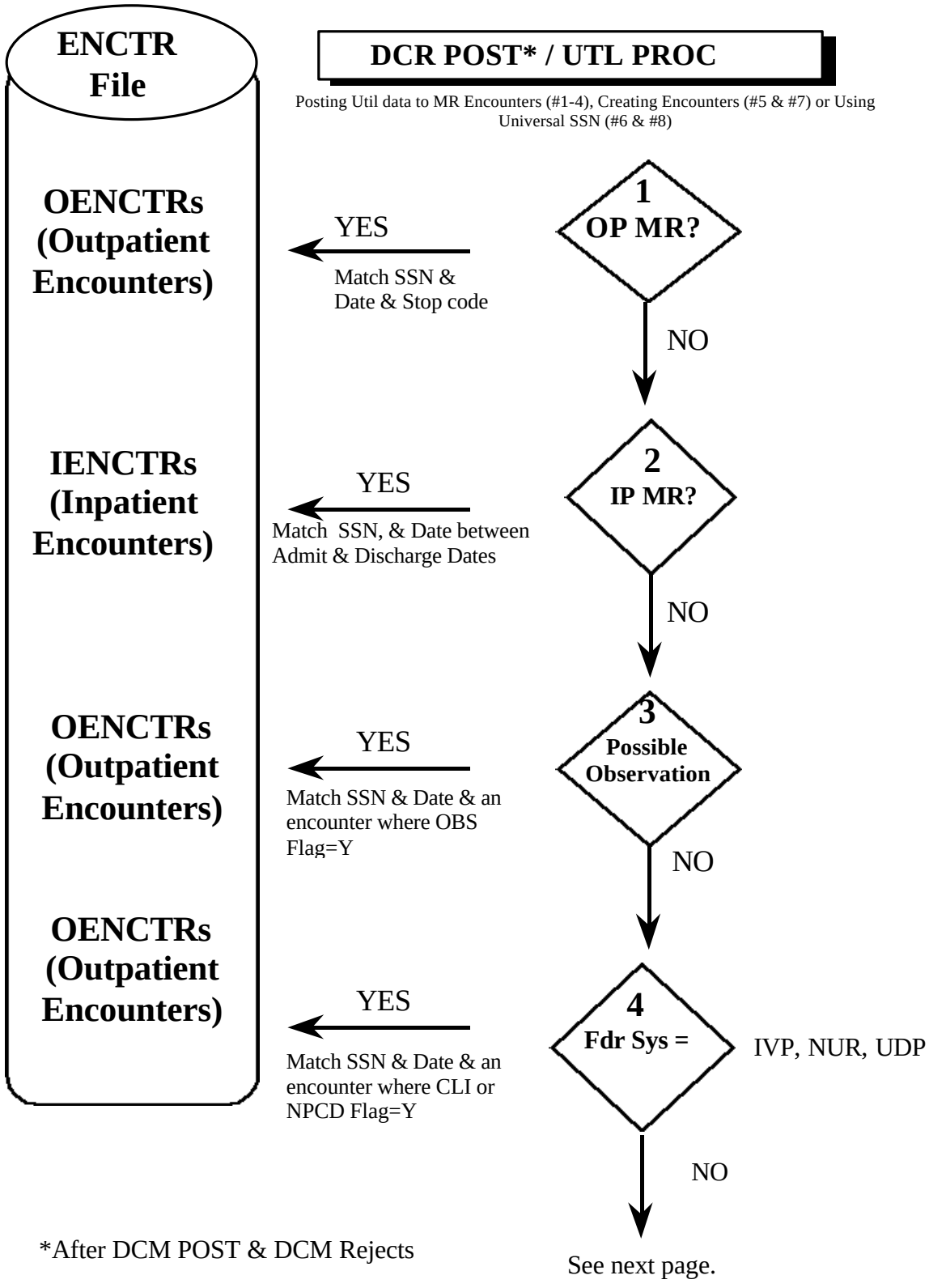
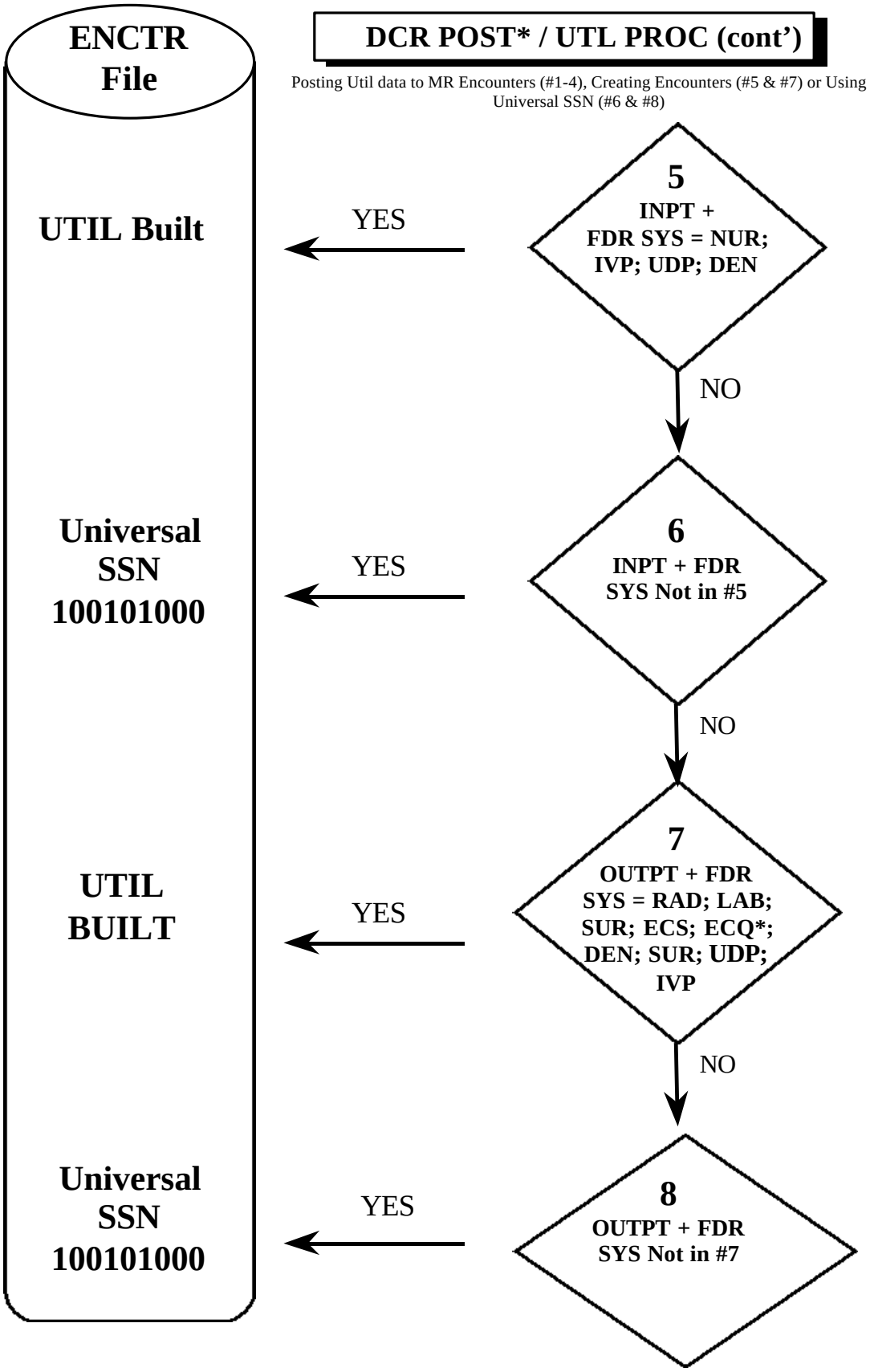

ENCTR File
DCR POST* / UTL PROC
Posting Util data to MR Encounters (#1-4), Creating Encounters (#5 & #7) or Using Universal SSN (#6 & #8)
OENCTRs (Outpatient Encounters)
IENCTRs (Inpatient Encounters)
OENCTRs (Outpatient Encounters)
OENCTRs (Outpatient Encounters)
1 OP MR?
YES
Match SSN & Date & Stop code
NO
2 IP MR?
YES
Match SSN, & Date between Admit & Discharge Dates
NO
3 Possible Observation
YES
Match SSN & Date & an encounter where OBS Flag=Y
NO
4 Fdr Sys =
IVP, NUR, UDP
YES
Match SSN & Date & an encounter where CLI or NPCD Flag=Y
NO
*After DCM POST & DCM Rejects
See next page.

Figure IV-i (cont.)



***NOTE: In FY98 UDP still attaches to 100101000**

SUMMARY OF FY98 UTILIZATION POSTING RULES

Below are the revised rules for posting utilization records to medical record encounters. They were modified for FY98 processing in order to accommodate the Observation Bed regulation.

Step 1. For all utilization records, the routine creates an outpatient encounter number (SSN+Date+Stop Code) and searches for a matching encounter number in all ENCTR records with an In/Out Code of O. If the matching encounter number is found, it posts to it.

Step 2. For all remaining utilization records, the routine searches with the SSN and Date of Service for an inpatient encounter (in ENCTR, In/OUT Code = I) that was open at the time. If an appropriate inpatient encounter is found, it posts to it.

Admit Date is Less Than or Equal to Date of Service

and

(Discharge Date is Greater Than or Equal to Date of Service

or

Discharge Date = 0 (still an inpatient)

Step 3. (New for FY98) For all remaining utilization records, the routine will search by SSN and Date of Service, for any matching OBS Flag = Y record. If a matching OBS = Y encounter is found, it posts to it.

Step 4. (New for FY98) For Feeder System IVP, NUR, UDP remaining utilization records, the routine will post to any matching outpatient encounter record that matches the following conditions:

Matches SSN and Date

and

CLI Flag = Y or NPCD Flag = Y

and

Stop Code is: 201, 210, 211, 300-620

Step 5. For all remaining utilization records (includes FY98 changes):
If it is an ***inpatient record***, it posts to 100-10-1000 unless its feeder system is one of the below, in which case it creates a Util-Built encounter:

NUR
IVP
UDP*
DEN

* In 1998 this record goes to SSN 100-10-1000 and does not get UTIL-BUILT. UDP will be UTIL-BUILT in FY99.

If it is an ***outpatient record***, it posts to 100-10-1000 unless its feeder system is one of the below, in which case it creates a Util-Built encounter:

RAD
LAB
SUR
ECS
ECQ
DEN
NUR
UDP*
IVP

CLI, PRE, and stop code 160 will continue to be posted to SSN 100-10-1000 because they are errors and should be kept separate where their presence can be noted and their origins traced.

Note All Util-Built records have a billing status of "F".

B. The CLI extract includes appointments with the status of No Action Taken. These are records in the VistA Scheduling Package that have been neither checked in, nor checked out. Beginning in FY98, in Patch 1, Ver 3.0 of the VistA DSS extract package, these medical record encounters will be built with a CLI FLAG = Q. DSS teams should audit these records to determine the cause of their No-Action-Taken status and review procedures with the appropriate clinic personnel to remedy any future occurrences.

* In 1998 this record goes to SSN 100-10-1000 and does not get UTIL-BUILT. UDP will be UTIL-BUILT in FY99.

PART V - TECHNICAL INFORMATION RE: TSI VHA GENERIC MEDICAL RECORD POSTING

GENERIC DSS POSTING SYSTEM'S MEDICAL RECORD "VIEW"

Medical Record Views are generic formats customized to the VHA data elements for each Medical Record extract. In FY98, data formatted in these "views" are sequentially posted to DSS in the MR Post Routine. The value to the VHA of this new posting process includes:

- Easy identification of elements posted, their VistA source and their DSS Field Name.
- More rapid posting and easier re-posting (if needed).
- Far easier ability to add new Medical Record data elements (even mid-year) as they become available. (Note: Each Medical Record View has a year and number identifier: e.g., "MOV9801," as seen on the TSI printouts enclosed.)

In FY98, the DSS Program added a SUR Medical Record View, which adds the CPT codes from the SUR utilization package extract to the Medical Record encounters for inpatients as well as adding file 200 references for three SUR providers: Anesthesiologist (if present), Attending Surgeon and Primary Surgeon to the encounter record. Previously these have been on the DCR utilization records for OR Surgeon time and Surgery Anesthesia time only.

OVERVIEW OF STEPS TO DEVELOP THE "VIEWS" USED IN GENERIC DSS MEDICAL RECORD POSTING

In the release of a medical encounter field for generic DSS Medical Record posting, many steps are necessary. The BTSO/D of the DSS Program Office follows the steps (below) to add a new medical encounter field.

1. Define the new encounter field to the DSS Database (via special DSS Program Office approvals followed by AAC database work).

2. Add the field to the Medical Record View on the DSS Template Region for the appropriate VistA extract (with its new "View" number, e.g. "MOV9802").

3. Develop the SAS steps to deliver that data element to the "Medical Encounter View."

4. BTSO/D defines the new field in the CCM Data Dictionary on the national DSS template region.

5. BTSO/D defines the new field in the Toolkit Data Dictionary on the National DSS Template Region.

6. C-table values are added (correct to FY by BTSO/D), for the new data element on the National DSS Template Region.

7. BTSO/TSI/AAC runs special test runs and checks.

8. When all checks are complete, BTSO/D requests that the AAC database staff run jobs to replicate the new DSS Template database to all CPU Regions. This is accomplished in most cases within a two-week period, primarily using weekends.

OTHER MATERIALS AND INFORMATION FOR ENCOUNTER REPORTING TO USE

1. ***C-TABLES***

   Each year DSS updates the National C-tables for DSS. A printout of this update can be created locally by referencing the station's DSS C-tables. A document will also be made available at a later date on the Site Manager's area of the DSS Bulletin Board.

2. ***FIELDS THAT ARE INDEXED FOR RAPID SEARCHING, "SEARCH FIELDS"***

   Each year DSS, TSI and an expert field group will review the fields designated on the primary DSS database as "SEARCH" fields (ordered numeric or ordered character) and make recommendations for additions or changes based on the past year's management use and toolkit (adhoc) reports functionality requirements. This document is in the ***APPENDIX 1.***

3. ***AUDITS OF FY98 MEDICAL RECORDS***

   Audit guidelines for DSS sites for FY98 Medical Records are published in ***Chapter 3*** of the **"FY98 DSS AUDITS BOOK"** (released 1/98). In this book the FY98 TSI DSS reports from Medical Record posting for both inpatient and outpatient data sets are published and the FY98 "RPM enhancement" report that is generated during the Utilization Posting to each SSN's encounter (the "UTIL PROC") job. A series of Medical Center reports from the VistA (PCE/scheduler) system using Fileman for 1998 are available in MAS (Keith Cox, Reno), that use the FY98 MAS (PCE & NPCD) and DSS encounter entity or concept of a six character DSS Identifier, (not the outdated "COIN" report that duplicates workload in FY98 when credit pairs (FY98 modifiers to primary stops) are used. VistA is currently programming* many new clinic workload reports* for use in auditing. These may be ready by late FY98.

4. ***DSS RECOMMENDATION FOR USE OF A STATISTIC FOR FY OUTPATIENT PRODUCTIVITY COMPARISONS***

   DSS can only endorse the statistic: unique SSNs/ primary stop/ per day and it's cost, as the most reliable comparative statistic for looking at comparisons of productivity between VAMCs in FY97 and thereafter. Because of continued variability in how VAMCs define key cost clinic activity, using stops such as OR activity or outpatient

* (via Contract to Keith Cox, Reno VAMC, IRM)

basis (stop code 429, 416, and several others are used by different VAMCs), performance measure use in VAMCs is, at best, neither a refined science nor a just comparison across all primary stops.

ADDITIONAL DSS OUTPATIENT FLAGS TO HELP AUDITS, SEARCHES AND IDENTIFYING WORKLOAD LOST PCE/NPCD

The use of DSS flags for auditing the outpatient DSS data in FY98 and for searching for patient sets such as all encounters that missed PCE but had documented utilization, is an enhanced feature in FY98. The flags include:

PRE FLAG = Yes	All outpatient Pharmacy interactions in FY98.
NO SHOW FLAG = Yes	All outpatient encounters that were reported not to have appeared for that scheduled stop code encounter.
OBSERVATION FLAG =Yes	In FY98 for all inpatient observation treating specialty or six primary stop outpatient observation codes.
CLI FLAG = Yes	All outpatients recorded with a CLI feeder system utilization but for which no NPCD record has reached AAC yet (at the time of posting).
CLI FLAG = Q	For No action taken CLI scheduled encounter.
UTL BUILT FLAG = Yes	Documented outpatient utilization from LAB, RAD, DEN, SUR, ECS or ECQ Feeder Systems that had a outpatient Medical Record Encounter built by the TSI posting program from their CCM-DCR (resource utilization) during the "UTIL PROC" TSI-DSS posting job. FY98 workload from these feeder systems is attributed to the actual SSN of the patient on the utilization record, unlike in previous fiscal years (FY94 to FY96) when it would have been posted to SSN 100-10-1000, a monthly dummy outpatient.
NPCD FLAG = Yes	When the NPCD record is posted in DSS, overwriting the CLI record, the CLI FLAG values becomes “NO” and the NPCD FLAG = Yes.

IDENTIFYING LOST PCE WORKLOAD

The use of audits that are recorded in Chapter 3 of the FY98 Audit Guidebook, and monthly audits that specifically search for "UTL FLAG = Yes" cases, will enable VAMCs to determine workload lost by PCE/NPCD for their VAMC.

Also, please see ***Part II-A Page 9*** regarding the FY98 RPM Enhancement report, (SSN 100-10-1000), for further methods to assess potentially lost PCE workload.

APPENDIX ONE CONTENTS: **FY98 DSS MEDICAL ENCOUNTER FIELD CHANGES**

DETAILS ON THE FY98 MEDICAL RECORD ENHANCEMENTS/ MODIFICATIONS

1. **Changes for All Extracts**

   a) ***Created a separate Pseudo-SSN field and reduced the SSN field to 9 characters.*** The PSEUDO SSN INDICATOR follows the SSN field.

   b) ***Changed all dates to implement Year 2000 changes***. All extract dates were changed to eight characters (YYYYMMDD) for Year 2000. SAS processing also uses the eight characters. Date fields in the TSI application will be converted at the end of FY98 with the installation of Ver.4.1 of the Model 204 database and Ver.3.0 of the TSI application. Until then, the eight character dates in the extracts and SAS files are read into the TSI application as a six-character date by skipping the first two characters.

   c) ***Changed the Fiscal Year field to four characters***. The Fiscal Year field was changed to four characters (YYYY) for Year 2000. SAS processing also uses the four characters. The field in the TSI application will be converted at the end of FY98 with the installation of Ver.3.0 of the TSI application. Until then, the four character dates in the extracts and SAS files are read into the TSI application as a two character FY by skipping the first two characters.

   d) ***Used field Name in All Extracts***. For FY97 and previously, some extracts had put the first four characters of the patient's last name into a field called "Name" and others into a field call "Patient Name." For FY98, with the installation of Patch 1, only the field "Name" will be used.

Para.	chg	IO	Extract	Data Elements	Note
1	c	B	All	Feeder System ID	All changed to reflect FY98, for example – MOV9801
1	c	B	All	SSN	All MR Views changed to contain nine character SSN & 1 character Pseudo SSN indicator as a separate field
1	c	B	All	Pseudo SSN Ind	All MR Views changed to contain nine character SSN & 1 character Pseudo SSN indicator as a separate field
1	c	B	All	Date	All extract dates were changed to eight character (YYYYMMDD) for Year 2000, the DSS application date fields will be converted in FY98 upon installation of TSI Ver.3.0
1	c	B	All	Fiscal Year	All fiscal years were changed to four characters (YYYY) for Year 2000, the DSS application date fields will be converted in FY98 upon installation of TSI Ver.3.0
1	c	O	CLI	Name	Used in FY98, FY97 field was Patient Name
1	c	B	All	Patient Name	This field was inactivated in FY98. The field in FY98 is Name
1	c	O	NPC	Name	New in NPCD for FY98

2. **Surgery CPTs**

For FY98, in Patch 1, Ver.3.0 of the VistA DSS extract package, we added surgery CPT codes to the inpatient record. This will be achieved by adding a surgery medical record to the MR.POST. This SUR MR view is created from the regular SUR DSS utilization extract by SAS programming in AAC. This was made possible by adding the ADMIT DATE to the DSS SUR VistA extract. This change will allow users to review surgery CPT codes entered by the surgical staff in the Surgical VistA package. The primary surgical CPT code and up to four secondary codes will be recorded for each case number. The ranking of the CPT codes will be taken directly from the VistA Surgery package. The TSI application will maintain the data from the eight most recent cases. As with the inpatient care segments, a reporting mechanism for this group of multiply occurring fields will be developed by TSI. The new fields are all from the SUR extract and include:

Field Name	Length	Notes
Surg Date	8	
Surg Case Number	9	
Surgical Specialty	3	
Surgeon	11	
Attending Surgeon	11	
Anesthesia Surgeon	11	
Primary Surg CPT	9	from record where record type = ‘P’
Surg CPT Code2	8	from first record where record type = ‘S’ fill unused instances with “*”
Surg CPT Code3	8	from second record where record type = 'S' fill unused instances with "*"
Surg CPT Code4	8	from third record where record type = 'S' fill unused instances with "*"
Surg CPT Code5	8	from fourth record where record type = 'S' fill unused instances with "*"
Movement File #	8	Not read into DSS, kept for site research purposes
Treating Spclty	6	
Surg Cancelled	1	
Surg Attending Service	4	
NONOR Location	10	
SURG Flag	1	= 'Y'
Surg Primary Stop Code	3	SAS generated: If outpatient & if OR, stop code = 429. If Non-OR, use first three characters of Non-OR DSS Identifier value. If Non-OR DSS identifier is null, use last three characters of Non-OR Location.
Surg Secondary Stop Code	3	send null for now

(Sort SUR extract records by record type within case number - CPT from record type = P goes into Primary Surg CPT field, first record type = S CPT code goes into Surg CPT Code2, second record type= S CPT goes into Surg CPT Code3 field, same for third and fourth, respectively.)

Para.	chg	i/O	Extract	Data Elements	Note
2	n	i	SUR	ADMIT DATE	
2	n	i	SUR	Surg Date	
2	n	i	SUR	Surg Case Number	
2	n	i	SUR	Surgical Specialty	
2	n	i	SUR	Surgeon	
2	n	i	SUR	Attending Surgeon	
2	n	i	SUR	Anesthesia Supervisor	
2	n	i	SUR	Primary Surg CPT	from record where record type = 'P'
2	n	i	SUR	Surg CPT Code2	from first record where record type = 'S', fill unused instances with "*"
2	n	i	SUR	Surg CPT Code3	from first record where record type = 'S', fill unused instances with "*"
2	n	i	SUR	Surg CPT Code4	from first record where record type = 'S', fill unused instances with "*"
2	n	i	SUR	Surg CPT Code5	from first record where record type = 'S', fill unused instances with "*"
2	n	i	SUR	Movement File #	Not read into DSS, kept for site research purposes
2	n	i	SUR	Treating Specialty	
2	n	i	SUR	Surg Canceled	
2	n	i	SUR	Surg Attending Service	
2	n	i	SUR	NONOR Location	
2	n	i	SUR	Surg Flag	= 'Y'
2	n	i	SUR	Surg Primary Stop Code	SAS generated: if outpatient & if OR, stop code = 429, if Non-OR-use first three characters of Non-OR stop code value, if Non-OR stop code is null, use last three of Non-OR Location

3. **New Provider Fields**

For FY98, in Patch 1, Ver.3.0 of the VistA DSS extract package, several new provider fields were created. These are intended to: clarify what information is included in certain fields; assist users in identifying inpatient segments of care; and, to identify physicians involved in outpatient encounters when the physician is not listed as the first provider. The new fields are:

Fields	Extract(s)
ADMITTING ATTENDING	ADM
DISCHARGE MD	TRT
DISCHARGE WARD ATTENDING	TRT
DISCHARGE WARD PROVIDER	TRT
DISCHARGE TREATING SPECIALTY	TRT
PROVIDER TYPE	CLI
PROVIDING MD	CLI, NPCD
NPCD OUTPT PROVIDER	NPCD

The last two fields are intended to capture physicians involved in outpatient encounters. This was done in anticipation of both using outpatient groupers and billing. They will be filled when the Person Class of the provider (in CLI) or one of the provider person classes (NPCD) indicates that the provider was a physician. (If the Person Class contains a value of V11000 through V119999, inclusive, the provider is a physician.)

4. **Inpatient Segments of Care**

a) Beginning with FY98, in Patch 1, Ver.3.0 of the VistA DSS extract package, users will be able to determine, and report on, segments of inpatient care by Treating Specialty, Ward Attending and/or Ward Provider. A segment of care will be the interval between changes in any of these three fields. After the initial values are captured by the ADM extract, all changes to these values (including the discharge values) will be captured by the TRT extract. A new reporting mechanism will be developed by TSI to enable users to retrieve the information in these multiply-occurring fields. The values for the 12 most recent segments will be stored in the TSI application. The Ward Provider is the VistA field titled "Primary Care Ward Provider." Examples of that person might be: the resident assigned to the ward; the Nurse Practitioner in the NHCU; or, the Physician Assistant assigned to the Intermediate Medicine wards. The values for all of these fields will be captured by the DSS extracts only if ward personnel are faithfully entering the data. The fields are:

Fields	Extract(s)
WARD ATTENDING	ADM, TRT
WARD PROVIDER	ADM, TRT
WARD ATTENDING BEGIN DATE	ADM, TRT
WARD PROVIDER BEGIN DATE	ADM, TRT

b) In addition, new fields were created in the PTF medical record views in order to separate the values in the fields TREATING SPECIALTY and TREATING SPECIALTY LOS. In FY97, the values in these fields were initially entered by the TRT extract and then overwritten by the PTF extracts. In FY98, this will not occur because the values in those fields in the PTFs will go into new fields: PTF TRTNG SPCLTY and PTF TRTNG SPCLTY LOS, respectively. This also applies to DISCHARGE TREATING SPECIALTY, which will now be filled only by the TRT extract while PTF DISCH TRTNG SPCLTY will be filled by the PTF-M extract. The new fields are:

Fields	Extract(s)
PTF TRTNG SPCLTY	PTF-B
PTF TRTNG SPCLTY LOS	PTF-B
PTF DISCH TRTNG SPCLTY	PTF-M

Para.	chg	i/O	Extract	Data Elements	Note
4	c	i	PTF-B	TREATING SPECIALTY	Not used in PTF-B, now used only by TRT to build segments of care
4	c	i	PTF-B	TREATING SPECIALTY LOS	Not used in PTF-B, now used only by TRT to build segments of care
4	c	i	PTF-M	DISCHARGE TREATING SPECIALTY	Not used in PTF-M, now used only in TRT, used to build segments of care
4	c	i	TRT	DSS field is TREATING SPCLTY	Filled w/value in extract field #12 (old name: Gaining Ward) (extract field 13, Losing Trt Spclty is not used in DSS except as discharge TRT Spclty in TRT Discharge records)
4	c	i	TRT	DSS field is TREATING SPCLTY LOS	Extract field is LOS (extract field 14) (The value in this field is the LOS for the last TRT SPCLTY value, not the TRT SPCLTY value in this record)
4	i	i	TRT	TRTNG SPCLTY PROVIDER	Field inactivated in FY98
4	n	i	ADM	Ward Attending	Labeled Attending Physician in extract – new for FY98
4	n	i	ADM	Ward Provider	New for FY98
4	n	i	ADM	Ward Attending Begin Date	SAS adds: Admit Date – new for FY98
4	n	i	ADM	Ward Provider Begin Date	SAS adds: Admit Date – new for FY98
4	n	i	ADM	Admit Treating Spclty	New for FY98
4	n	i	PTF-B	PTF TRTNG SPCLTY	Formerly TREATING SPECIALTY which is now used only by TRT to build segments of care
4	n	i	PTF-B	PTF TRTNG SPCLTY LOS	Formerly TREATING SPECIALTY LOS which is now used only by TRT to build segments of care
4	n	i	PFT-M	PTF DISCH TRTNG SPCLTY	Replaces PTF use of DSS field: TREATING SPECIALTY
4	n	i		Ward Attending	Filled with value in extract field #20 (Losing Attending, extract field #15) used for discharge MD & disch Ward Attending only
4	n	i	TRT	Ward Provider	Extract field #19 * (Losing Ward Provider, extract field #21 is used only for discharge ward provider in discharge TRT records
4	n	i	TRT	Ward Provider Begin Date	SAS adds: Value in TRT Date Field
4	n	i	TRT	Ward Attending Begin Date	SAS adds: Value in TRT Date Field
4	n	i	TRT	Discharge Treating Specialty	If Discharge Date is > 0, then fill with extract field 13, Losing Treating Specialty

5. **Observation Flags**

For FY98, users will be able to identify observation patients via a new field: OBS FLAG. The VHA Observation Patient regulation was recently signed by Dr. Kizer and will be implemented as soon as the required changes can be made to the Treating Specialties in the VistA software. An OBS FLAG = Y will be placed on inpatient encounter records when they contain one of the seven new Observation Treating Specialties. An OBS FLAG =Y will be placed on outpatient encounters whenever: a) the record contains an Observation stop code (290 - 296), or b) contains an

Observation CPT Code (99217 - 99220). These flags will be placed in medical record encounters generated by ADM, PTF-M, CLI, PRE or NPCD extracts.

Para.	chg	i/O	Extract	Data Elements	Note
5	n	i	ADM	OBS Flag	SAS adds: = "Y" based on Treating Specialty, if Tx Spclty = 24, 18, 41, 65, 36, 94, or 23 – New for FY98
5	n	O	CLI	OBS Flag	SAS adds: + "Y" if: (1) first three characters of Feeder Key = 290 through 296, or (2) fourth – sixth characters of FDRKEY = 290-296, or (3) Primary CPT4 code = 99217-99220
5	n	O	NPC	OBS Flag	SAS adds: = Y if: (1) First three characters of DSS Identifier = 290 through 296, or (2) if fourth – sixth character of stop code = 290-296, or (3) Primary CPT4 or CPT4 code = 99217-99220
5	n	O	PRE	OBS Flag	= "Y" if Treat Spclty = 24, 18, 41, 36, 23, 65, or 94

6. **CLI Flag = q**

The CLI extract includes appointments with the status of "No Action Taken." These are records in the VistA Scheduling Package that have been neither checked in, nor checked out. Beginning in FY98, in Patch 1 of Ver.3.0 of the VistA DSS extract package, these medical record encounters will be built with a CLI FLAG = Q. DSS teams should audit these records to determine the cause of their No-Action-Taken status and review procedures with the appropriate clinic personnel to remedy any future occurrences.

Para.	chg	i/O	Extract	Data Elements	Note
6	c	O	CLI	Feeder Key	If the last character of FDRKEY = "Q" (appointment neither checked in nor checked out): make CLI Flag = Q, change FDRKEY Q to "0"
6	c	O	CLI	CLI Flag	New for FY98, = Q: appointment was neither checked in nor checked out

7. **<u>Differing Stop Codes for No-Shows</u>**

In FY97, the VistA DSS NOS extract and the Vista DSS CLI extract obtained the Stop Code for the records in their respective extracts from different sources. If the DSS team had changed a clinic's primary stop code for DSS reporting purposes through the DSS Clinic Worksheet, the differing sources resulted in two encounters being created in the TSI application where there should have been only one. This occurred because, in DSS, the medical record encounter is created with the NOS record while the utilization record is created from the CLI extract. Since the TSI application uses the stop code in the encounter number, if the stop codes differ, the CLI utilization records cannot find its NOS-built encounter and creates its own CLI Util-built encounter.

In FY98, in Patch 1 of Ver.3.0 of the VistA DSS extract package, this problem was eliminated by changing the NOS extract to pull its stop code from the same source as the CLI extract -- the DSS Clinic Worksheet.

Para.	chg	i/O	Extract	Data Elements	Note
7	c	O	NOS	Stop Code	FY97 & up to installation of Patch 1 in FY98, the stop codes net by NOS extract is the MAS stop code while the stop code sent by CLI from the DSS Clinic Worksheet. if the DSS team has changed the primary stop code on the Clinic Worksheet, 2 medical record encounters will be built because the encounter numbers are SSN+Date+Stop Code. (For no-shows, NOS builds the encounter record, but CLI extract provides the utilization record (Feeder Keys ending in "N".)
7	c	O	NPC	Provider Type*	For FY98: changed to select physician first if a provider has an MD person class (V11000-V119999, inclusive)
7	c	i	TRT	Discharge Date	Not read into DSS. Used to determine when to fill four discharge fields below
7	n	i	ADM	Admitting Attending	Labeled Attending Physician in extract – new for FY98
7	n	O	CLI	Provider Type (Person Class)	New in FY98
7	n	O	CLI	Providing MD	Filled if a physician. Use provider type to determine if filled (person class is within range V110000 to V119999, inclusive)
7	n	O	NPC	NPCD Outpt Provider*	
7	n	O	NPC	Providing MD*	Use provider type to determine if filled (person class = V110000 – V119999, inclusive)
7	n	i	TRT	Discharge MD	If Discharge Date >0, then fill with extract field 15, Losing Attending
7	n	i	TRT	Discharge Ward Attending	If Discharge Date >0, then fill with extract field 15, Losing Attending
7	n	i	TRT	Discharge Ward Provider	If Discharge Date >0, then fill with extract field 15, Losing Ward Provider

8. **Other**

a) *Other New Fields Added*:

Fields	Extract(s)
CALC RPM	PTF-M
POW STATUS	CLI
POW LOCATION	CLI, PTF-M
AGENT ORANGE	CLI, PTF-M
RADIATION	CLI, PTF-M
ENCOUNTER RADIATION EXP	CLI
NAME	NPCD
PRIMARY CPT QTY	NPCD
CPT4 CODE QTY	NPCD
NPCD FLAG	NPCD

Para.	chg	i/O	Extract	Data Elements	Note
8a	n	O	CLI	POW Status	New in FY98
8a	n	O	CLI	POW Location	New in FY98
8a	n	O	CLI	Radiation Exposure Status	New in FY98
8a	n	O	CLI	Encounter Radiation Exp	New in FY98
8a	n	O	CLI	Agent Orange Status	New in FY98
8a	n	O	CLI	Encounter Agent Orange	New in FY98
8a	n	O	NPC	NPCD Flag	= "Y"
8a	n	O	NPC	Primary CPT QTY*	
8a	n	O	NPC	CPT4 Code Qty*	Quantity for each CPT4 Code – multiply-occurring up to 10 times SAS always use two characters
8a	n	i	PTF-M	CALC RPM	*="Y"
8a	n	i	PTF-M	POW Location	added for FY98
8a	n	i	PTF-M	Agent Orange	added for FY98
8a	n	i	PTF-M	Radiation	added for FY98
8a	n	i	PTF-M	OBS Flag	SAS adds: based on Treating Specialty, =Y if Tx Spclty = 18, 23, 24, 36, 41, 65, or 94

b) *Other Field Name Changes*

In FY97 the admission date was placed in the field "ADMIT DAY" in MOV, TRT and the PTF extracts. For FY98, the admission date will be recorded in the "ADMIT DATE" instead.

Para.	chg	i/O	Extract	Data Elements	Note
8b	c	i	MOV	ADMIT DATE	Date of Admission
8b	c	i	PTF-B	ADMIT DATE	For FY98, the admission field in PTF-B is placed in ADMIT DATE field
8b	c	I	PTF-M	ADMIT DATE	For FY98, the admission field in PTF-M is placed in ADMIT DATE field
8b	c	I	PTF-S	ADMIT DATE	For FY98, the admission field in PTF-S is placed in ADMIT DATE field
8b	i	I	MOV	Admit Day	Inactivated FY98 off MOV Med Rec view. This field is automatedly generated by the TSI software to calculate the admit indicator.
8b	i	I	PTF-B	Admit Day	Admit Day was inactivated on the PTF-B Medical Record View for FY98
8b	i	I	PTF-M	Admit Day	Admit Day was inactivated on the PTF-M Medical Record View for FY98
8b	i	I	PTF-S	Admit Day	Admit Day was inactivated on the PTF-S Medical Record View for FY98
8b	n	I	MOV	WARD DATE	Date that movement took place DSS = WARD DATE
8b	i	O	PRE	Processing Time	Field inactivated in FY98

APPENDIX TWO – CONTENTS

FY98 PROVIDER PROFILING a.k.a. PRACTICE PROFILING

I. VISN CIO FY99 Practice Profiling Briefing (PCMM)

II. Issues with Current VHA Provider Data

III. What DSS currently provides

I. Briefing on Practice Profiling by Technical Services (6/15/98)

This project briefing on Practice Profiling is provided by the CIO Technical Services to give the Veteran Integrated Service Networks (VISN) notice of some data future requirements that are part of a VHA Directive and initiative.

Description /Background

The Under Secretary for Health chartered a Steering Committee to develop a national strategy and plan for implementing Practice Profiling nationwide. Specifically, the Steering Committee was asked to:

A. address any organization of care requirements (i.e. processes and structure) necessary to profile practice patterns, particularly provider responsibilities for outcomes and resource management,

B. recommend any business rules (e.g. Standardized definitions of Providers percent effort assigned to Primary Care activities) necessary to accomplish Practice Profiling,

C. recommend national standards for data, measures, and benchmarks,

D. recommend information technology solutions, applications, and standards,

E. recommend policy changes that address the intended purposes of Practice Profiling including the human resources and legal implications,

F. recommend milestones, time frames, and appropriate organizational ownership for implementation tactics.

As part of the Steering Committee's recommendations, a Practice Management Advisory Board (PMAB) will be established. The PMAB will include Clinical Managers and field based clinicians, as well as a representative from the Office of Performance and Quality Measures (OP&Q) and the Office of the Chief Information Officer (OCIO). The PMAB will provide oversight, recommend measures and practice management policy to the Chief Network Officer, and refine future practice management strategies. The PMAB has not been activated. The establishment of a system wide program for practice management will be administered by the Chief Network Officer (CNO), in conjunction with the OP&Q and PMAB.

It has been determined that the VistA Primary Care Management Module (PCMM) will be utilized for identifying patients assigned to a primary care practitioner for the purposes of practitioner profiling. Only primary care providers will be profiled. Primary Care providers are defined as Physicians, Advanced Nurse Practitioners, or Physician Assistants. PCMM allows the user flexibility to assign any role or position "type" as the Primary Care Provider (PCP); therefore it is extremely important in the set up of the

program that only one of the above three designated positions are selected as the PCP. Based upon the Steering Committee's recommendations, the measures for the first quarter Practice Management Reports have been defined by the OP&Q and CNO. The measures will be by PCP for the following: Bed Days of Care (BDOC)/ 1000 uniques/ year; Encounters/ 1000 uniques/ year; Prescription Costs/ uniques/ month; and Lab Costs/ uniques/ month.

Deliverables

The Practice Profiling effort is being coordinated between Technical Services and the Austin Automation Center (AAC). Technical Services will provide the means to capture the primary care practitioner and primary care team data and transmit the data via a HL7 message stream to AAC. The AAC must be ready to store the data in the National Patient Care Database (NPCD) by September 1, 1998. The AAC will provide the information necessary to generate reports for the identified measures. The data will also be made available through SAS applications for the medical centers and VISNs.

As part of the Practice Profiling effort the Decision Support System (DSS) will coordinate with the AAC to provide information required for the measures. A DSS extract will be provided to the AAC for inclusion within a SAS application to allow the NPDRC to analyze the data. The AAC must link the patients in DSS to the patients in the NPCD in order to produce the data sets. DSS must have current medical center data and provide the extracts to the AAC by January 1, 1999.

Strategy

A user group composed of CIO staff, OP&Q, AAC, and VAMC staff will be convened to address issues regarding usability and the prioritization of features to enhance the usability of the Primary Care Management Module (PCMM) for Practice Profiling. The user group in conjunction with the developers, will prioritize the needed functionality and determine from the priority list the functionality feasible to release 9/98. The functionality issues will also be sent to the VISNs for their input. The intent is to deliver the essential enhancements to allow the VAMCs to enter the necessary information into PCMM in order for the information to be transmitted to the AAC for the 9/98 release. The remaining enhancements identified to PCMM should be delivered at a later time.

Once the software requirements are finalized, the initiation of the software design and coding will begin. Two of the team's developers are currently assigned to the Practice Profiling project, and an additional developer resource to assist with the software coding aspect of the project was provided. As part of the project, PCMM will be converted to the 32bit Broker and Delphi 3.0.

To promote the use of PCMM, the current PCMM Training CD-ROM with web addresses for information on where to find the Implementation Guide and PCMM User Manual will be mailed to each medical center. Also, the OP&Q and CIO will be making various announcements regarding PCMM and creating a VHA Directive. With the

enhancements to PCMM the intent is to provide updated training materials to the field around the time of the September release. An Implementation and Training representative should be assigned to the Performance Measures team early in the project for work on the training needs of the field.

For January 1999, four measures have been identified: BDOC/ 1000 uniques/ year; Encounters/ 1000 uniques/ year; Prescription Costs/ uniques/ month; and Lab Costs/ uniques/ month. The CIO is working with the AAC and DSS to determine where the PCP and primary care team data will be stored, to determine how the VISNs and VAMCs will access the data, and to define the reports for the measures. A VHA Directive on the use of PCMM and Practice Profiling is forthcoming.

Milestones

- VistA PCMM fields identified to record Primary Care Practitioner (PCP) and Primary Care Team assignment of patient by May 1, 1998.
- Complete analysis of PCMM NOISs, E3Rs, and conversion issues by May 8, 1998.
- Establish PCMM User Group to address the baseline functionality needed to increase the usability of PCMM by May 13, 1998.
- Determine the requirements of the performance measures for the 1st Quarter Practice Management Report by May 29, 1998.
- Compile draft Software Requirement Specifications (SRS) for the utilization of PCMM for Practice Profiling and for the reporting of the Practice Profiling performance measures by June 1, 1998.
- Receive comments from the VISN CIOs regarding the functionality issues of PCMM by June 12, 1998.
- Begin software design of modifications by June 15, 1998.
- Release patch SD*5.3*142 which transmits the PCP and PC Team as a part of the Ambulatory Care HL7 transmission to the Austin Automation Center (AAC) to Customer Service by June 15, 1998.
- Finalize PCMM SRS by June 30, 1998.
- Start populating the NPCD with PCP, PC team and date of entry by July 1998.
- Complete software coding of modifications and enhancements to PCMM to support data collection and validity of PCP and PC Team by August 1998.
- Finalize testing of modifications and enhancements to PCMM by September 98.
- Release PCMM for Practice Profiling to Customer Service by September 98.
- Provide 1st Quarter Practice Management Report by January 1999.

Issues

- PCMM is currently a non-mandatory application. The use of PCMM for Practice Profiling will need to be mandated by VA Headquarters. The Office of Performance and Quality Measures is coordinating the creation of a VHA Directive and plans to release it in the summer.

- In order for the Practice Profiling project to be successful, the Veterans Integrated Service Networks (VISN) must promote and enforce the use of PCMM at the medical centers. Without the VISN and medical centers' cooperation the primary care practitioner and primary care team data fields will not be populated with the information required by the Office of Performance and Quality Measures.
- There will be several functionality issues and requests for enhancements that will not be incorporated in the September 1998 release of PCMM for Practice Profiling. If the additional functionality identified is determined to be crucial, a second phase release of PCMM should be considered to include the requested enhancement features and functionality.
- ***Since the reports for the prescription and lab cost measures will be generated from information provided by DSS, the VISNs and VA Medical Centers must commit to getting their DSS data current.***

What You Can Do Now

If your facilities are not using PCMM, the following list are steps you can take now to get moving in the direction needed for Practice Profiling.

1. Build a resource library and review the material available. The PCMM Implementation Guide, Technical Manual, Release Notes and User Manual are located on the intranet at web address: http://152.127.1.95/softserv/mip/wr/pro.htm.

2. Review how Primary Care is performed at your facilities and make decisions regarding Team and Position structure in PCMM.

3. Install PCMM at your facilities. Utilize batch transfer job to populate PCMM with the practitioner data from the Patient File fields (404.01 and 404.02) if applicable to your facilities.

4. Build or create the Teams in PCMM using Team functionality. The screen during Team creation asks for telephone and pager numbers.

5. Determine what Positions are relevant to be placed on a Team and create the Positions in PCMM. Standardizing some Positions across Teams wherever possible may decrease confusion.

6. Assign staff to the Positions in PCMM keeping in mind that only one person can be assigned to a specific Position.

7. Assign patients in PCMM to the Teams and Positions, denoting a Primary Care Team and Primary Care Practitioner. There are ways in PCMM to do group assignments of patients.

8. ***FOR THE PRACTICE PROFILING PERFORMANCE MEASURES, YOUR FACILITIES CAN WORK TOWARDS PROVIDING CURRENT DSS DATA.***

II. DATA ISSUES IN PROVIDER PROFILING IN GENERAL [NOT RELATED TO PRIMARY CARE PROVIDER (PCP) PROFILING]

A. THE BUSINESS PRACTICE ISSUE

Business Practice relates to how local VAMCs (and VISNs), decide to set up and use VistA fields locally, or not.

a) Primary Care Provider field

The Primary Care Management Module (PCMM) is present only in some VAMCs. Others state they do not have money for PCs to use PCMM. Primary Care Provider could be set up in either PCMM or in the MAS Patient File (File 2) via a fileman template. For two years, since 10/1/96, DSS has extracted Primary Care Provider from either field (the DSS extract routine looks first PCMM, then if no data is in PCMM, it looks at MAS Patient File2). In FY97, only about 1/3 of VAMCs had put data in the Primary Care Provider field (on either VistA-system). In FY98, most sites, but not all, have some data in the Primary Care Provider field.

In operational practice, the Primary Care Provider is not restricted to a) physicians and b) is not restricted to only Primary care-type providers, but can be used for all patients and for all providers (as if to mean VA "case-manager").

b) Ordering Provider field (especially outpatient)

The sites vary in how they fill in this field as well. Pharmacy is usually accurately filled in. This is not true in X-ray and Lab, especially outpatient Lab. For outpatient Lab especially, sites often use a single provider (Lab Chief; Emergency Room Chief; or Ambulatory Care Chief) as the ordering doctor, so reports will print on the ER printer or outpatient area printer. Some sites say they use the file 200 number of a doctor, gone several years from the site, so all outpatient area work can report to the one "proxy" doctor.

c) Inpatient Accountable doctors

Some sites are very fastidious about keeping up a new TRT segment every time an attending doctor changes on an inpatient case in the same treating specialty, and every time the ward provider (usually the resident) changes in the same treating specialty. These are the two accountable provider's for that time period within that treating specialty's inpatient segment. However, in FY97 and FY98 to-date, most sites are not carefully upkeeping those changes of providers on their TRT system.

B. TECHNICAL ISSUES

a) Primary Care Provider – The post-CPRS usefulness of this field on PCMM has been questioned by Seattle, a CPRS pilot site. They stated that after CPRS, the Primary Care Provider field may not function properly for inpatient data. However, no Technical Service report of the facts or guidance on whether to use PCMM or the MAS Patient File to record this information after a site goes onto CPRS has been forthcoming.

b) Ordering Provider

1) No field exists on VistA to indicate which provider orders an Ambulatory Care visit. Private sector workload software usually includes a "referring physician" (ordering provider) field for both inpatient encounters and all outpatient encounters. Specialty outpatient visits can be very expensive. Currently on VistA, such accountability cannot be tracked. Inpatient stays are also very expensive and a referring VA Provider is not captured by VistA for inpatient admissions. Admitting Attending is not the same entity.

2) The Ordering Provider for the outpatient lab field is not passed from Lab to PCE for outpatients, since FY97. This is because so many VAMCs had out-of-date file 200 providers listed as "ordering doctor" that the rejects between Lab and PCE in the night batch entry were too many. Developers simply removed the need to put an ordering provider or provider field on outpatient Lab data in PCE occasions of service (encounters).

c) "Provider" – (Encounter Provider)

1) The PCE outpatient field "Primary Provider," is apparently not filled with correct data from all the possible PCE feeds in VistA at this time. Technical Service MAS experts state that to feed NPCD, VistA PIMS simply adds to the Primary Provider field or Primary Provider Type field, the lowest internal file 200 number for that specific encounter's values in the relevant fields.

2) Outpatient "Provider of the Care or Procedure"

Many cases have multiple providers. Further, many cases have multiple procedures (CPT codes) per provider. VistA has no way at this time to a) designate the primary procedure (CPT code) and/or to b) associate a procedure to a specific provider within a multi-provider encounter.

d) Billing Status field (especially for multi-eligible clients)

A billing status field for each outpatient utilization or encounter has been requested of Technical Services resource by Sharing Agreement/DoD VAMCs for the last four years. This Billing Status field would indicate within a 24-hour time

frame if the actual encounter was for DoD, Veteran, Insurance A-Z, ChampVA or other Payer purposes. The patient may be designated in MAS as DOD, but come to VAMC night pharmacy as a Veteran.

This field is essential for good business use of VistA and DSS. Other major implications involve the need to tease out provider accountability at either the Provider or Primary Care Provider levels. For example, if a DoD doctor prescribes a medication, but a VAMC pharmacy fills when the patient is under a VA eligibility billing status, what is the accountability of the VA Provider or VA Primary Care Provider?

e) Other

Other missing VistA data, or non-connected VistA provider information sets, include:

1) Connecting outpatient resource use by ordering clinic and provider – (by either ordering provider, or primary care provider). (Many providers wear two or more hats in the clinics. For example, as a primary care doctor (stop 323) in the morning and as a cardiologist (303) in the afternoon, and as a pre-op surgical consultant (stop 401) on Wednesdays.

   In setting up various measures to look at a provider's accountability in resource ordering, it is essential that the purpose (originating clinic) from which the provider ordered the resources (lab, x-ray, MRI) etc. and/or the specific role the provider was assigned to, be considered in the measure. Currently, in VistA databases this is not possible.

2) Changes in Primary Care Provider

   The date of change of a primary care provider and the history of previous primary care providers for that SSN and their inclusive dates is not available on VistA. This means that the current primary care provider would be held accountable for all the previous primary care providers' resource utilization for that patient.

III. TECHNICAL FACTS ABOUT WHAT DSS HAS CURRENTLY, WHICH CAN BE USED IN VHA PROVIDER PROFILING:

a) DSS is set up technically and has been proven to do provider profiling for VA and for private sector data sets.

b) DSS pulled the VistA Primary Care Provider field for two years (since 10/1/96) by first checking for a value in PCMM, then for one in File 2, the MAS patient file, for each SSN record. If no value exists in either field, DSS must send a null. This was the most common condition in FY97. FY98 shows more data is present, for many VAMCs.

c) DSS pulled the VistA Ordering Provider from all VistA resource utilization extracts since DSS began (1986). These include LAB, RAD, SUR, ECS, DEN, and all Pharmacy extracts (IVP, UDP, PRE).

d) DSS pulls the VistA Inpatient Admitting Attending, Treating Specialty Attending, Discharge Attending from each record (ADM and TRT sources) for all inpatient stays.

e) DSS pulls the VistA Inpatient Ward Provider (usually resident), for Admitting, TRT Specialties and Discharging segments (from ADM/TRT) as per ***Part IV (D)*** above.

f) DSS pulls the VistA Primary and Secondary Surgeon fields from all Surgery OR and Non-OR records and posts this information on both the DSS Medical Records and DSS resource utilization sides.

g) There is no way DSS can technically do more to take advantage of existing VistA provider data elements.

h) Technical Services has told DSS (2/12/98 update) that there is no way VistA in a multi-provider outpatient encounter, can associate a provider with a specific CPT code or procedure, within that multi-provider, multi-CPT code encounter. This limitation also exists for other possible sources of basic VHA provider transaction data. (Please see all sections of ***PART III*** above).

i) DSS, therefore, is limited in any further enhancements, for Provider Profiling input data by the several problems in VistA system provision of the provider profiling elements, that are detailed in ***PART III*** above.

CONCLUSION

The policy issues are key to successful provider profiling, as are business practice issues. At the overall system level, little meaningful information will come without policy that defines specifically what is expected and how it will be accomplished. Clear definitions of who the accountable provider is and for what the provider is accountable for essential.

The system must be automated. The transaction systems that acquire the clinical data and feed that data to analytic systems (DSS and other) must be the source by which provider, patients and utilization are identified. Failure to recognize this and to accept responsibility for this will result in the failure of uniform, accurate, manageable VA provider profiling.

APPENDIX THREE – CONTENTS

FY98 MEDICAL RECORDS DOCUMENTATION - (DSS MEDICAL RECORD VIEWS; MEDICAL RECORD SAS MODIFICATIONS OF BASIC EXTRACTS; VistA, AND AAC FY98 DSS MEDICAL RECORDS EXTRACTS)

UTL PRT.MRPOST TEMPLATE DESIGN SYSTEM PAGE 21
RUN DATE 09 FEB 1998 UTILITIES
Medical Records Posting Layout

Feeder System: ADM9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	1	C	1		L	
INTERNAL NUMBER	44	10	C	1		L	
SSN	54	9	C	1		L	
PSEUDO SSN IND	63	1	C	1		L	
NAME	64	4	C	1		L	
INOUT CODE	68	1	C	1		L	
ADMIT DATE	71	6	C	1		L	
SEX	77	1	C	1		L	
BIRTHDATE	78	8	C	1		L	
RELIGION	86	5	C	1		L	
EMPLOYMENT STATUS	91	1	C	1		L	
HEALTH INSURANCE IND	92	1	C	1		L	
STATE	93	2	C	1		L	
COUNTY	95	5	C	1		L	
ZIP CODE	100	5	C	1		L	
ELIGIBILITY CODE	105	1	C	1		L	
VETERAN	106	1	C	1		L	
VIETNAM	107	1	C	1		L	
AGENT ORANGE	108	1	C	1		L	
RADIATION	109	1	C	1		L	
POW	110	1	C	1		L	
PERIOD OF SERVICE	111	4	C	1		L	
MEANS TEST INDICATOR	115	1	C	1		L	
MARITAL STATUS	116	3	C	1		L	
ADMIT WARD	119	6	C	1		L	
TREATING SPCLTY	125	6	C	1		L	
ADMIT DRG	139	6	C	1		L	
ADMITTING DIAGNOSIS	145	7	C	1		L	
BILLING STATUS	158	1	C	1		L	
TRANSFER FLAG	159	1	C	1		L	
CCM CASE TYPE	160	8	C	1		L	
PRIMARY CARE TEAM	168	4	C	1		L	
PRIMARY CARE PROVIDER	172	11	C	1		L	
RACE	183	1	C	1		L	
POW LOCATION	184	1	C	1		L	
ADMITTING ATTENDING	185	11	C	1		L	
WARD ATTENDING	196	11	C	1		L	
ATTENDING MD	207	11	C	1		L	
WARD PROVIDER	218	11	C	1		L	
WARD ATTENDING BEGIN DATE	231	6	C	1		L	
WARD PROVIDER BEGIN DATE	239	6	C	1		L	
ALIAS	245	15	C	1		L	
INSURANCE CODE	260	3	C	1		L	
PRIMARY ELIG CODE	263	3	C	1		L	
VERIFICATION METHOD	266	3	C	1		L	
SHARING PATIENT FLAG	269	1	C	1		L	
OBS FLAG	270	1	C	1		L	
ADMIT TREATING SPCLTY	271	6	C	1		L	

Feeder System: ADM9801 Fields Defined 52

ADM Record Layout - Output Necessary from post Deblocker SAS for Input to DSS

Data Elements	Start Position	Length	Picture	Note	Date changed
Feeder System ID	1	10	X(10)	= ADM9801	8/11
Rectype	11	3	X(3)	= "MR"	
Encounter Number	14	20	X(20)	=SSN+YYMMDD+I	
Company Code (Hosp/Station)	34	3	X(3)		
Fiscal Year	37	4	X(4)		8/11
Fiscal Period	41	2	X(2)		
Facility (Division)	43	1	X(1)		
Patient # (DFN)	44	10	X(10)	Field is "INTERNAL NUMBER" in DSS	8/11
SSN	54	9	X(9)	for Pseudo SSN Indicator	8/11
Pseudo SSN Ind	63	1	X(1)		8/11
Patient Name	64	4	X(4)		
In/Out Code	68	1	X(1)	= "I"	
Admit Date	69	8	X(8)		8/11
Sex	77	1	X(1)		
Date of Birth	78	8	X(8)	Field is "BIRTHDATE" in DSS	
Religion	86	5	X(5)		
Employment Status	91	1	X(1)		
Health Insurance	92	1	X(1)	Field is "HEALTH INSURANCE IND" in DSS	
State	93	2	X(2)		
County	95	5	X(5)	County is concatenation of 2 char. State & 3 char. County (FIPPS)	
Zip Code	100	5	X(5)		
Eligibility Code	105	1	X(1)		
Veteran Status	106	1	X(1)	Field is "VETERAN" in DSS	
Vietnam Veteran	107	1	X(1)	Field is "VIETNAM" in DSS	
Agent Orange	108	1	X(1)	whether or not vet claims AO exposure, NOT Encounter AO	
Radiation Exposure	109	1	X(1)	field is "RADIATION" in DSS, is NOT Encounter Radiation Exp	
POW	110	1	X(1)	whether or not vet is POW, NOT POW location	
Period of Service	111	4	X(4)		
Means Test	115	1	X(1)	field is "MEANS TEST IND" in DSS	
Marital Status	116	3	X(3)		
Ward	119	6	X(6)	field is "ADMIT WARD" in DSS	
Treating Specialty	125	6	X(6)	field is "TREATING SPCLTY" in DSS	
Filler (Movement File Number)	131	8	X(8)	Not read into DSS, left in extracts for research purposes	
Admitting DRG	139	6	X(6)	field is "ADMIT DRG" in DSS	
Admitting Diagnosis	145	7	X(7)		
Time	152	6	X(6)	Not read into DSS at this time	
Billing Status	158	1	X(1)	= "N"	
Transfer Flag	159	1	X(1)	= "N"	
CCM Case Type	160	8	X(8)	= "DRG"+"-"+first 4 char of Admitting DRG	
Primary Care Team	168	4	X(4)		
Primary Care Provider	172	11	X(11)		
Race	183	1	X(1)		
POW Location	184	1	X(1)	not available in FY97, fill with POW code	
Admitting Attending	185	11	X(11)	labelled Attending Physician in extract - new for FY98	9/97
Ward Attending	196	11	X(11)	labelled Attending Physician in extract - new for FY98	9/97
Attending MD	207	11	X(11)	labelled Attending Physician in extract - new for FY98	9/97
Ward Provider	218	11	X(11)	new for FY98	1/28
Ward Attending Begin Date	229	8	X(8)	SAS adds: Admit Date - new for FY98	9/97
Ward Provider Begin Date	237	8	X(8)	SAS adds: Admit Date - new for FY98	9/97
Alias	245	15	X(15)	for V19 TRICARE pilot - Null until Patch 4, middle FY98	9/97
Insurance Code	260	3	X(3)	for V19 TRICARE pilot - Null until Patch 4, middle FY98	9/97
Primary Elig Code	263	3	X(3)	for V19 TRICARE pilot - Null until Patch 4, middle FY98	9/97
Verification Method	266	3	X(3)	for V19 TRICARE pilot - Null until Patch 4, middle FY98	9/97
Sharing Patient Flag	269	1	X(1)	SAS adds: for V19 TRICARE pilot - Null until Patch 4	10/97
OBS Flag	270	1	X(1)	SAS adds: = "Y"based on Treating Specialty, if Tx Spclty = 24, 18, 41, 65, 36, 94, or 23 - new for FY 98	10/97
		270			

ADM Admission Extract Format

All admissions for the selected admission date range are extracted. Please Note: Field #34 is released in DSS Extracts V. 3.0. A patch will be released after V.3.0. which will populate the field according to the description.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred	8
7	Primary Care Team	TEAM file (#404.51)	4
8	Sex	1 for Male 2 for Female	1
9	Date of Birth	Patient's date of birth	8
10	Religion	RELIGION file (#13)	5
11	Employment Status	1 for Employed full time 2 for Employed part time 3 for not employed 4 for Self employed 5 for Retired 6 for Active duty military 9 for Unknown	1
12	Health Insurance	Patient covered by health insurance? (Y/N/U)	1
13	State	VA State Code	2
14	County	VA County Code	3
15	Zip Code	Patient's 5-digit zip code	5
16	Eligibility	One-character eligibility code	1
17	Veteran	Veteran? (Y/N)	1
18	Vietnam	Vietnam veteran? (Y/N/U)	1
19	Agent Orange	Agent Orange exposure? (Y/N/U)	1
20	Radiation	Ionizing radiation exposure? (Y/N/U)	1
21	POW	Prisoner of war? (Y/N/U)	1
22	Period of Service	PERIOD OF SERVICE file (#21)	4
23	Means Test	MEANS TEST STATUS file (#408.32)	1
24	Marital Status	MARITAL STATUS file (#11)	3
25	Ward	HOSPITAL LOCATION file (#44)	6
26	Treating Specialty	SPECIALTY file (#42.4)	6
27	Attending Physician	NEW PERSON file (#200) (Preceded by 2)	11
28	Episode Number	PATIENT MOVEMENT file (#405)	8
29	DRG	DRG file (#80.2)	6
30	Diagnosis	ICD DIAGNOSIS file (#80)	7
31	Time	Time when this admission occurred (6-digit military time)	6
32	Primary Care Provider	NEW PERSON file (#200)	11
33	Race	RACE file (#10)	1
34	Primary Ward Provider	NEW PERSON file (#200) (preceded by 2)	11

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Medical Records Posting Layout

Feeder System: MOV9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
PATIENT NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
WARD DATE	81	2	C	1		L	
ADMIT DATE	85	6	C	1		L	
DISCHARGE DATE	93	6	C	1		L	
WARD	99	6	C	1		L	
TREATING SPCLTY	105	6	C	1		L	
WARD LOS	111	4	C	1		L	
MOVEMENT TYPE	115	3	C	1		L	
GAINING WARD	124	6	C	1		L	
BILLING STATUS	130	1	C	1		L	

Feeder System: MOV9801 Fields Defined 19

MOV Record Layout - Required Output from post Deblocker SAS for Input to DSS

Data Element	Start Position	Length	Picture	Note	Date changed
Feeder System ID	1	10	X(10)	= MOV9801	8/97
Rectype	11	3	X(3)	= "NON"	
Encounter Number	14	20	X(20)	=SSN+YYMMDD+"I" (SSN + ADMIT DATE + "I")	
Company Code (Hosp/Station)	34	3	X(3)	3 char. station code, from FACILITY field	
Fiscal Year	37	4	X(4)		
Fiscal Period	41	2	X(2)		
Facility (Division)	43	7	X(7)		
Patient # (DFN)	50	10	X(10)	DSS field is "INTERNAL NUMBER", retained for research purposes	8/11
SSN	60	9	X(9)		8/11
Pseudo SSN Ind	69	1	X(1)		8/11
Patient Name	70	4	X(4)		
In/Out Code	74	1	X(1)	= "I"	
WARD DATE	75	8	X(8)	day of month that movement took place DSS = WARD DATE	2/4
Admit Date	83	8	X(8)		8/11
Discharge Date	91	8	X(8)	blank unless movement type is a discharge	8/11
Ward (Losing)	99	6	X(6)		
Treating Specialty	105	6	X(6)	**ALWAYS Sent Null by extract**	12/18/97
LOS	111	4	X(4)	DSS field is "WARD LOS" (extract field 14)	10/97
Movement Type	115	3	X(3)		11/17/97
MOV Time	118	6	X(6)	Not read into DSS	
Gaining Ward	124	6	X(6)		
Billing Status	130	1	X(1)	= "D" if there is a Discharge Date in Disch Date, otherwise send blank	
Admission Time	131	6	X(6)	Not read into DSS	
		136			

Create an OBS nursing hour product if: 1) this is a discharge record (discharge date not null) and 2) Treating Specialty = 18, 23, 24, 36, 41, 65 or 94 10/97

Provider is not to be included as it is sent null by the extract (field 15 in extract, field name in extract will be changed to Placeholder 3)

MOV Physical Movement (Transfer and Discharge) Extract Format

All transfers and discharges for the selected movement date range are extracted. Please Note: Fields #20 and #21 are released in DSS Extracts V. 3.0. A patch will be released after V.3.0 to populate the fields according to the description.

Field #	Field Name	Points to ¼ / Description	Length	
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7	
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10	
3	SSN	Patient's Social Security Number	10	
4	Name	First 4 characters of last name	4	
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1	
6	Day	Day of the month on which this event occurred	8	
7	Product	Feeder key for this extract defined by the DSS Program Office (null)	1	
8	Admission Date	Date of this patient movement	8	
9	Discharge Date	Discharge date for this patient	8	
10	Movement File #	PATIENT MOVEMENT file (#405)	8	
11	Type	Type of movement for this patient	1	
12	Losing Ward	HOSPITAL LOCATION file (#44)	6	
13	Treating Specialty	SPECIALTY file (#42.4)	6	
14	Duration	Duration of stay within this movement	4	1/28
15	Attending Physician	NEW PERSON file (#200) (always null)	11	1/28
16	Movement Type	MAS MOVEMENT TYPE file (#405.2)	3	
17	MOV Time	Time when this movement occurred (6-digit military time)	6	
18	Gaining Ward	HOSPITAL LOCATION file (#44)	6	
19	Admission Time	Time of this patient movement	6	
20	Last Attending	Last Attending for Discharges - File #200 (preceded by 2)	11	1/28
21	Last Ward Provider	Last Primary Care Physician Provider - File #200 (preceded by 2)	11	1/28

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Feeder System: TRT9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	48	2	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
TREATING SPCLTY TRANS DATE	77	6	C	1		L	
ADMIT DATE	85	6	C	1		L	
TREATING SPCLTY	99	6	C	1		L	
TREATING SPECIALTY LOS	105	4	C	1		L	
WARD ATTENDING	109	11	C	1		L	
MOVEMENT TYPE	120	3	C	1		L	
WARD PROVIDER	135	11	C	1		L	
WARD PROVIDER BEGIN DATE	146	8	C	1		L	
WARD ATTENDING BEGIN DATE	154	8	C	1		L	
DISCHARGE MD	162	11	C	1		L	
DISCHARGE TREATING SPECIALTY	173	6	C	1		L	
DISCHARGE WARD ATTENDING	179	11	C	1		L	
DISCHARGE WARD PROVIDER	190	11	C	1		L	

Feeder System: TRT9801 Fields Defined 23

TRT Record Layout - Required Output from post Deblocker SAS for Input to DSS

Data Element	Start Position	Length	Picture	Note	Date Changed
Feeder System ID	1	10	X(10)	= TRT9801	8/11
Rectype	11	3	X(3)	= "NON"	
Encounter Number	14	20	X(20)	=SSN+YYMMDD+"I"	
Company Code (Hosp/Station)	34	3	X(3)		
Fiscal Year	37	4	X(4)		8/11
Fiscal Period	41	2	X(2)		
Facility (Division)	43	7	X(7)	DSS reads only last 2 char. for DSS DIVISION field	
Patient # (DFN)	50	10	X(10)	DSS field is INTERNAL NUMBER	8/11
SSN	60	9	X(9)		8/11
Pseudo SSN Ind	69	1	X(1)		8/11
Patient Name	70	4	X(4)	DSS field is NAME	
In/Out Code	74	1	X(1)	= "I"	
TRT Date	75	8	X(8)	DSS field is TREATING SPCLTY TRANS DATE	1/28
Admit Date	83	8	X(8)		8/11
Discharge Date	91	8	X(8)	Not read into DSS see note &	8/11
DSS field is TREATING SPCLTY	99	6	X(6)	filled w value in extract field # 12 (old name: Gaining Ward) see note *	1/28
DSS field is TREATING SPECIALTY LOS	105	4	X(4)	extract field is LOS (extract field 14) see note @	1/28
Ward Attending	109	11	X(11)	filled with value in extract field # 20 see note #	1/28
Movement Type	120	3	X(3)		8/11
TRT Time	123	6	X(6)	Not read into DSS	
Admission Time	129	6	X(6)	Not read into DSS	
Ward Provider	135	11	X(11)	extract field 19 see note +	1/28
Ward Provider Begin Date	146	8	X(8)	SAS adds: value in TRT Date field	1/28
Ward Attending Begin Date	154	8	X(8)	SAS adds: value in TRT Date field	1/28
Discharge MD	162	11	X(11)	If Discharge Date > 0, then fill with extract field 15, Losing Attending see note #	1/28
Discharge Treating Specialty	173	6	X(6)	If Discharge Date > 0, then fill with extract field 13, Losing Treating Specialty see note *	1/28
Discharge Ward Attending	179	11	X(11)	If Discharge Date > 0, then fill with extract field 15, Losing Attending see note #	1/28
Discharge Ward Provider	190	11	X(11)	If Discharge Date > 0, then fill with extract field 21, Losing Ward Provider see note +	1/28
		200			

Note *: Losing TRT SPCLTY (extract field 13) is not used in DSS, except for discharge records.

Note @: The value in this field (TRT SPCLTY LOS) is the LOS for the last TRT SPCLTY value, not the TRT SPCLTY value in this record.

Note #: Losing Attending (extract field 15) is not used in DSS, except for discharge records.

Note +: Losing Ward Provider (extract field 21) is not used in DSS, except for discharge records.

Note &:Discharge Date was transmitted from TRT in FY96, but TSI custom processing did not post it. (per Merle, 1/28/97).

TRT EXTRACT (2/98) VERSION

Field #	Field Name	Points to / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. – DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of month on which this event occurred	8
7	Product	Product or feeder key for this extract (always null)	1
8	Admission Date	Date and time for this patient movement	8
9	Discharge Date	Patient's discharge date	8
10	Movement File #	PATIENT MOVEMENT file (#405)	8
11	Type	Type of movement for the patient	1
12	New TRTG Specialty	New TRTG Specialty	6
13	Losing TRTG Specialty	SPECIALTY file (#42.4) (Losing TRTG Specialty)	6
14	Losing TRTG Specialty LOS	Duration of stay within this movement (a number between 0 and 5000; 0 decimal digits)	4
15	Losing Attending	NEW PERSON file (#200) (Preceded by 2)	11
16	Movement Type	MAS MOVEMENT file (#405.2)	3
17	TRT Time	Time when this change in treating specialty occurred (6-digit military time)	6
18	Admission Time	Time of this patient admission (6-digit military time)	6
19	New Primary Ward Provider	NEW PERSON file (#200) (Preceded by 2)	11
20	New Attending	Last Attending – File #200 (Preceded by 2)	11
21	Losing Primary Ward Provider	Last Primary Care Physician Provider – File #200 (Preceded by 2)	11

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Feeder System: PTFM9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
DIVISION	47	3	C	1		L	
SSN	50	9	C	1		L	
NAME	59	4	C	1		L	
ADMIT DATE	65	6	C	1		L	
DISCHARGE DRG	79	3	C	1		L	
PRINCIPAL DIAGNOSIS	82	6	C	1		L	
SECONDARY DIAGNOSIS	88	6	C	1		L	****
PTF DISCH TRTNG SPCLTY	142	2	C	1		L	
DISCHARGE DISPOSITION	144	2	C	1		L	
DISPOSITION PLACE	147	2	C	1		L	
DISCHARGE DATE	151	6	C	1		L	
PSEUDO SSN IND	157	1	C	1		L	
MDC	158	2	C	1		L	
DISCHARGE SERVICE	160	2	C	1		L	
BILLING STATUS	166	1	C	1		L	
TRANSFER FLAG	167	1	C	1		L	
CCM CASE TYPE	168	8	C	1		L	
DRG	176	3	C	1		L	
CALC RPM	179	1	C	1		L	
POW LOCATION	180	2	C	1		L	
AGENT ORANGE	182	1	C	1		L	
RADIATION	183	1	C	1		L	
OBS FLAG	184	1	C	1		L	

Feeder System: PTFM9801 Fields Defined 26

PTF-M Record Layout - Required Output from post Deblocker SAS for Input to DSS

Field	Start Position	Length	Notes	Date changed
Feeder System ID	1	10	*'= "PTFM9801" (added by SAS)	8/11
Rectype	11	3	*= "NON" (NoN Rec Type so that information already in encounter record would not be over-written by info from PTF) (added by SAS)	
Encounter No.	14	20	*=SSN+YYMMDD+"I" (SSN + ADMIT DATE + "I")(SAS adds)	
Company Code	34	3	SAS derived from first 3 char. of FACILITY field	
In/Out Code	37	1	*= "I"	
Fiscal Year	38	4	Not read into DSS, DSS derives from DISCHARGE DATE	8/11
Fiscal Period	42	2	Not read into DSS, DSS derives from DISCHARGE DATE	
Station - (Fac/Div)	44	6	DSS field: DIVISION, DSS reads last 3 char of this field	
SSN	50	9	Only 9 char. Pseudo SSN indicator below	
Name	59	4		
Admit Date	63	8		8/11
Admit Time	71	6	Not read into DSS	8/11
Source of Admission	77	2	Not read into DSS	
DRG (Final)	79	3	DSS field: DISCHARGE DRG	
ICD9 - DX Code (DXLS)	82	6	DSS field: PRINCIPAL DIAGNOSIS - SAS adds "." (period) before ICD-9 suffix	
ICD9 - DX Code	88	54	DSS field: SECONDARY DIAGNOSIS each field has 6 char. 54 total, up to 9 occurrences, fill unused occurrences with "*"	
Disch Bed Section (TRT Spec)	142	2	DSS field: PTF DISCH TRTNG SPCLTY	2/4
Discharge Type	144	2	DSS field: DISCHARGE DISPOSITION	
Discharged to OP Care	146	1	Not read into DSS	
Place of Discharge	147	2	DSS field: DISPOSITION PLACE	
Discharge Date	149	8		8/11
Pseudo SSN Indicator	157	1	DSS field: PSEUDO SSN IND	
MDC	158	2	(Major Diagnostic Category)	
Discharge Service	160	2	DSS field: DISCHARGE SERVICE	9/97
Discharge Time	162	4	Not read into DSS	
Billing Status	166	1	*= "F" if Disch Date (fld 31) is not null (added by SAS)	
Transfer Flag	167	1	*= "N" (added by SAS)	
CCM Case Type	168	8	*= "DRG"+"-"+first 4 char of Admitting DRG (derived by SAS)	
DRG	176	3	copied by SAS from Discharge DRG	
CALC RPM	179	1	*="Y"	8/97
POW Location	180	2	added for FY98	9/97
Agent Orange	182	1	added for FY98	9/97
Radiation	183	1	added for FY98	9/97
OBS Flag	184	1	SAS adds: based on Treating Specialty, = Y if Tx Spclty = 18, 23, 24, 36, 41, 65, or 94	9/97
		184		

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Feeder System: PTFS9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
DIVISION	47	3	C	1		L	
SSN	50	9	C	1		L	
PSEUDO SSN IND	59	1	C	1		L	
NAME	60	4	C	1		L	
ADMIT DATE	66	6	C	1		L	
SURGERY DATE	86	8	C	8		L	****
OP CODE	150	5	C	40		L	****

Feeder System: PTFS9801 Fields Defined 10

PTF - S Record Layout - Required Output from post Deblocker SAS for Input to DSS

Field	Start Position	Length	Notes	Date changed
Feeder System ID	1	10	= "PTFS9801" (added by SAS)	8/11
Rectype	11	3	= "NON" ("NoN" Rec Type so that additional records will not over-write information already on encounter) (added by SAS)	
Encounter No.	14	20	=SSN+YYMMDD+"I" (SSN + ADMIT DATE + "I")(SAS adds)	
Company Code	34	3		
In/Out Code	37	1	= "I" (added by SAS)	
Fiscal Year	38	4	Not read into DSS, DSS software derives from discharge date	8/11
Fiscal Period	42	2	Not read into DSS, DSS software derives from discharge date	8/11
Station - Full (Fac/Div)	44	6	last 3 char. are read into DSS field: DIVISION	
SSN	50	9		
Pseudo SSN Ind	59	1		8/11
Name	60	4		
Admit Day	64	8		8/11
Admit Time	72	6	Not read into DSS	8/11
Record Type	78	8	Not read into DSS 1 character each, 8 total, up to 8 Occurrences	11/20/97
Surg or Proc Date	86	64	DSS field: SURGERY DATE 8 characters each, 64 total, up to 8 Occurrences (See note below)	11/20/97
OP Code (ICD-9 Code or Proc Code)	150	200	DSS field: OP CODE 5 characters each, 200 total, up to 8 Occurrences of 5 codes for each Surg date, fill unused occurrences with "*" within each group of 5 Necessary to group OP CODES in relational database with each SURGERY DATE in reports to be written later SAS adds "." to all ICD-9 Op codes such as in "91.18"	11/20/97 & 10/31/97 11/20/97
		349		

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Feeder System: PTFB9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
DIVISION	47	3	C	1		L	
SSN	50	9	C	1		L	
PSEUDO SSN IND	59	1	C	1		L	
NAME	60	4	C	1		L	
ADMIT DATE	66	6	C	1		L	
TREATING SPECIALTY ICD	128	6	C	125		L	****
PTF TRTNG SPCLTY	878	2	C	25		L	****
TREATING SPCLTY DRG	928	3	C	25		L	****
PTF TRTNG SPCLTY LOS	1158	5	C	25		L	****
TRTNG SPCLTY LOSE DATE	1278	8	C	25		L	****

Feeder System: PTFB9801 Fields Defined 13

PTF-B Record Layout – Required Output from post Deblocker SAS for Input to DSS

Field	Start Position	Length	Notes	Date changed
Feeder System ID	1	10	= "PTFB9801" (added by SAS)	8/11
Rectype	11	3	= "NON" ("NoN" Rec Type so that additional records will not over-write information already on encounter) (added by SAS)	
Encounter No.	14	20	=SSN+YYMMDD+"I" (SSN + ADMIT DATE +"I")(SAS adds)	
Company Code	34	3		
Inout Code	37	1	= "I" (added by SAS)	
Fiscal Year	38	4	Not read into DSS, DSS derives from discharge date	8/11
Fiscal Period	42	2	Not read into DSS, DSS derives from discharge date	8/11
Station - Full (Fac/Div)	44	6	DSS reads only last 3 char. into field: DIVISION	
SSN	50	9		
Pseudo SSN Ind	59	1		8/11
Name	60	4		
Admit Day	64	8		8/11
Admit Time	72	6	Not read into DSS	8/11
Bed Section Sequence Number	78	50	Not read into DSS - 2 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
ICD-9 Diagnosis in Bed Section	128	750	DSS field: TREATING SPECIALTY ICD - 6 characters each, groups of 5, 750 total, up to 25 occurrences - fill unused within each group of 5 with "*" this is necessary to group diagnoses (and other fields below) in relational database for reports to be written later. If 5 null values are sent in the set of field values for this instance, fill all 5 with "*" (see note below). SAS adds "." to all ICD-9 Dx codes such as in "293.81"	
Bed Section	878	50	DSS field: PTF TRTNG SPCLTY - 2 characters each, up 25 occurrences- fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section DRG	928	75	DSS field: TREATING SPCLTY DRG - 3 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section Leave Days	1003	75	not read into DSS: 3 char, 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section Pass Days	1078	75	not read into DSS: 3 char, 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section Length of Stay	1153	125	DSS field: PTF TRTNG SPCLTY LOS - 5 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section Out Day	1278	200	DSS field: TRTNG SPCLTY LOSE DATE - 8 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
Bed Section Out Time	1478	100	Not read into DSS - 4 characters each, up 25 occurrences - fill with "*" if this field is null in the set of field values for this instance (see note below)	
		1577		3/17/98

Note: Within the set of fields: Bed Section Sequence Number, ICD-9 Diag., Bed Section, Bed Section DRG, Bed Section Leave Days, Bed Section Pass Days, Bed Section LOS, Bed Section Out Day and Bed Section Out Time - If any one (or more) of these fields has data, fill any null fields with "". If all data fields are null, do not fill any data field with "*"

PAS PAI File Extract Format

All patient assessments for the selected assessment date range are extracted.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of the patient's last name.	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred (between 1 and 31; 0 decimal digits)	8
7	Admission Date	Date when patient was admitted to the facility	8
8	Admission Time	Time of admission (6-digit military time)	6
9	Transfer/Admission Date	Date when the patient was admitted or transferred to this long term care ward	8
10	Transfer/Admission Time	Time when the patient was admitted or transferred to this long term care ward (6-digit military time)	6
11	Race	RACE file (#10)	1

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Feeder System: PAI9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	46	3	C	1		L	
INTERNAL NUMBER	49	10	C	1		L	
SSN	59	9	C	1		L	
PSEUDO SSN IND	68	1	C	1		L	
PATIENT NAME	69	4	C	1		L	
INOUT CODE	73	1	C	1		L	
ADMIT DATE	76	6	C	1		L	
ASSESS DATE	90	6	C	1		L	
ASSESS PURPOSE	96	1	C	1		L	
RUG	97	2	C	1		L	
RACE	121	1	C	1		L	
BILLING STATUS	122	1	C	1		L	
TRANSFER FLAG	123	1	C	1		L	
CCM CASE TYPE	124	8	C	1		L	
NHCU FLAG	132	1	C	1		L	
PAI BEDSECTION	133	1	C	1		L	

Feeder System: PAI9801 Fields Defined 20

PAI Record Layout - Output Necessary from post Deblocker SAS for Input to DSS

Data Element	Start Position	Length	Picture	Note	Date changed
Feeder System ID	1	10	X(10)	= PAI9801 (added by SAS)	8/11
Rectype	11	3	X(3)	= "NON" ("NoN" Rec Type so that additional records will not over-write information already on encounter) (added by SAS)	
Encounter Number	14	20	X(20)	=SSN+admit date + I (SSN + ADMIT DATE + "I") (added by SAS)	
Company Code (Hosp/Station)	34	3	X(3)		
Fiscal Year	37	4	X(4)		8/11
Fiscal Period	41	2	X(2)		
Facility	43	3	X(3)	not read by DSS, used in COMPANY CODE	
Division	46	3	X(3)		
Patient # (DFN)	49	10	X(10)		8/11
SSN	59	9	X(9)		
Pseudo SSN Ind	68	1	X(1)		8/11
Patient Name	69	4	X(4)		
In/Out Code	73	1	X(1)	= "I" (translated by SAS)	
Actual VA Admit Date (Orig)	74	8	X(8)		8/11
Actual VA Admit Time (Orig)	82	6	X(6)	Not read into DSS	8/11
RUG Assess Date	88	8	X(8)		8/11
Assess Purpose	96	1	X(1)		
RUG Group	97	2	X(2)		
Austin First PAI Date	99	8	X(8)	Not read into DSS	8/11
DHCP PAI Admit/Xfer Date	107	8	X(8)	Not read into DSS	8/11
DHCP PAI Admit/Xfer Time	115	6	X(6)	Not read into DSS	
Race	121	1	X(1)		
Billing Status	122	1	X(1)	= "N" (added by SAS)	
Transfer Flag	123	1	X(1)	= "N" (added by SAS)	
CCM Case Type	124	8	X(8)	= "DRG"+"-"+first 4 char of Admitting DGR (SAS derived)	
NHCU Flag	132	1	X(1)	= 'Y' if from NHCU	
Bed Section	133	1	X(1)	= "I" Intermediate, "N" NHCU, "C" if CNH DSS field: PAI BEDSECTION	10/97
		133			

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Feeder System: SUR9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
INOUT CODE	70	1	C	1		L	
NAME	71	4	C	1		L	
SURG DATE	75	8	C	1		L	
SURG CASE NUMBER	83	9	C	1		L	
SURGICAL SPECIALTY	92	3	C	1		L	
SURGEON	95	11	C	1		L	
ATTENDING SURGEON	106	11	C	1		L	
ANESTHESIA SUPERVISOR	117	11	C	1		L	
PRIMARY SURG CPT	128	8	C	1		L	
SURG CPT CODE2	136	8	C	1		L	
SURG CPT CODE3	144	8	C	1		L	
SURG CPT CODE4	152	8	C	1		L	
SURG CPT CODE5	160	8	C	1		L	
TREATING SPCLTY	176	6	C	1		L	
SURG CANCELLED	182	1	C	1		L	
SURG ATTENDING SERVICE	183	4	C	1		L	
NONOR LOCATION	187	10	C	1		L	
SURG FLAG	197	1	C	1		L	
SURG PRIMARY STOP CODE	198	3	C	1		L	
SURG SECONDARY STOP CODE	201	3	C	1		L	

Feeder System: SUR9801 Fields Defined 28

Total number of fields on all feeder systems 648

SUR Surgery Extract Format (*MR and Util)*

All surgery cases with their principal procedures for the selected surgery date range are extracted. Secondary procedures and prosthetic implants are also extracted. Please Note: Field #34 is released in DSS Extracts V.3.0. A patch will be released after V.3.0 to populate the field according to the description.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	INSTITUTION file (#4)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	Determined by a call to IN5^VADPT.	1
6	Day	Day of the month on which this event occurred	8
7	Case Number	SURGERY file (#130)	9
8	Surgical Specialty	Surgical specialty credited for doing this operative procedure.	3
9	OR Room Number	HOSPITAL LOCATION file (#44)	6
10	Surgeon	NEW PERSON file (#200) (Preceded by 2)	11
11	Attending Surgeon	NEW PERSON file (#200) (Preceded by 2)	11
12	Anesthesia Supervisor	NEW PERSON file (#200) (Preceded by 2)	11
13	Anesthesia Technique	S for Spinal E for Epidural O for Other G for General M for Monitored Anesthesia Care L for Local	3
14	Primary/Secondary/ Prosthesis (Implant) ("P," "S," or "I") (RECORD TYPE)	P for Primary S for Secondary I for Implants (prostheses)	1
15	CPT	CPT code for the operative procedure	8
16	Placeholder1	Placeholder for future use.	1
17	If primary add: Patient Time (15 Min Units)	The time, in 15 minute increments, the patient was in the OR.	4
18	Operation Time (15 Min Units)	The time, in 15 minute increments, of the principal operative procedure.	4
19	Anesthesia Time (15 Min Units)	The time, in 15 minute increments, of the anesthesia care administered.	4
20	If Prosthesis: Prosthesis (Implant)	PROSTHESIS file (#131.9)	4
21	Quantity	Quantity of the prosthetic devices used for this operative procedure.	5
22	Placeholder2	Placeholder for future use.	1
23	Movement File #	PATIENT MOVEMENT file (#405)	8
24	Treating Specialty	SPECIALTY file (#42.4)	6
25	Cancelled	C if the procedure was cancelled.	1
26	Time	Time when the patient entered the OR (6-digit military time).	6
27	OR Type	OPERATING ROOM TYPE file (#134)	2
28	Attending's Service	NATIONAL SERVICE file (#730)	4
29	NON OR DSS Identifier	DSS Unit Identifier for the non-OR location for this procedure.	10

SUR Surgery Extract Format (continued)

Field #	Field Name	Points to ¼ / Description	Length
30	Recovery Room (PACU) Time	Time, in 15 minute increments, that the patient spent in the post anesthesia care unit.	4
31	Placeholder 3	Placeholder for future use.	1
32	Primary Care Team	TEAM file (#404.51)	4
33	Primary Care Provider	NEW PERSON file (#200)	11
34	Admit Date	Admission date if patient is an inpatient; otherwise null.	8

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Medical Records Posting Layout

Feeder System: PRE9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	77	6	C	1		L	
DIVISION	83	3	C	1		L	
PROVIDER	86	11	C	1		L	
TREATING SPCLTY	133	6	C	1		L	
BIRTHDATE	163	8	C	1		L	
ELIGIBILITY CODE	171	1	C	1		L	
VETERAN	172	1	C	1		L	
BILLING STATUS	198	1	C	1		L	
CALC RPM	199	1	C	1		L	
CCM CASE TYPE	200	8	C	1		L	
CLINIC VISITS	208	1	C	1		L	
PRE FLAG	209	1	C	1		L	
ADMIT DATE	212	6	C	1		L	
DISCHARGE DATE	220	6	C	1		L	
NOSHOW FLAG	226	1	C	1		L	
PRIMARY CARE TEAM	227	4	C	1		L	
PRIMARY CARE PROVIDER	231	11	C	1		L	
RACE	248	1	C	1		L	
UTIL BUILT	249	1	C	1		L	
ALIAS	250	15	C	1		L	
INSURANCE CODE	265	3	C	1		L	
PRIMARY ELIG CODE	268	3	C	1		L	
VERIFICATION METHOD	271	3	C	1		L	
SHARING PATIENT FLAG	274	1	C	1		L	
OBS FLAG	275	1	C	1		L	

Feeder System: PRE9801 Fields Defined 34

PRE Record Layout - Required Output from post Deblocker SAS for Input to DSS

Element	Start Position	Length	Picture	Note	Date changed
Feeder System ID	1	10	X(10)	= "PRE9801" (added by SAS)	8/11/97
Rectype	11	3	X(3)	= "MR" (PRE is processed in MR.POST first, so there will never be an encounter already built with info to over-write - SAS adds)	
Encounter No.	14	20	X(20)	= SSN+YYJJJ(Julian)(DATE OF VISIT)+SSS(Stop code)(SAS adds)	
Company Code	34	3	X(3)	SAS derived from Header	
Fiscal Year	37	4	X(4)	SAS derived from Header	8/11
Fiscal Period	41	2	X(2)	SAS derived from Header	
Facility	43	7	X(7)	Not read into DSS Medical Record View, not required to build enc.	
Patient # (DFN)	50	10	X(10)	DSS field: INTERNAL NUMBER - used for research	8/11
SSN	60	9	X(9)		8/11
Psuedo SSN Ind	69	1	X(1)		8/11
Patient Name	70	4	X(4)	DSS field: NAME	
In/Out Code	74	1	X(1)	"O" for outpatients do not send record for inpatients	
Date of Visit	75	8	X(8)		8/11
Division	83	3	X(3)		
Provider	86	11	X(11)	Not read into DSS Medical Record View, not required to build enc.	
VA Drug Class	97	5	X(5)	Not read into DSS Medical Record View, not required to build enc.	
Mail	102	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
Window	103	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
New	104	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
Refill	105	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
Quantity	106	4	X(4)	Not read into DSS Medical Record View, not required to build enc.	
Cost	110	8	X(8)	Not read into DSS Medical Record View, not required to build enc.	
Clerk Code	118	7	X(7)	Not read into DSS Medical Record View, not required to build enc.	
Filler (Movement File No.)	125	8	X(8)	Not read into DSS Medical Record View, not required to build enc.	
Treating Specialty	133	6	X(6)	DSS field: TREATING SPCLTY	
NDC	139	14	X(14)	Not read into DSS Medical Record View, not required to build enc.	
Unit of Issue	153	10	X(10)	Not read into DSS Medical Record View, not required to build enc.	
Birthdate	163	8	X(8)		10/31/97
Eligibility Code	171	1	X(1)	DSS field: ELIGIBILITY CODE	
Veteran	172	1	X(1)		
Copay	173	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
Feeder Key	174	20	X(20	Not read into DSS Medical Record View, not required to build enc.	
DEA Special handling	194	1	X(1)	Not read into DSS Medical Record View, not required to build enc.	
Days Supply	195	3	X(3)	Not read into DSS Medical Record View, not required to build enc.	
Billing Status	198	1	X(1)	= 'F' (F for Final, no NPCD over-write since NPCD doesn't send any Pharmacy data.) (added by SAS)	
CALC RPM	199	1	X(1)	= 'Y' DSS required field, added by SAS	
CCM Case Type	200	8	X(8)	="PRE" (identifies encounters made from outpatient pharmacy utilization)	
Clinic Visits	208	1	X(1)	= '1' DSS required field, added by SAS	
PRE Flag	209	1	X(1)	="Y" (identifies encounters made from outpatient pharmacy utilization)	
Admit Date	210	8	X(8)	Fill with DATE OF VISIT, DSS required field added by SAS	8/11
Discharge Date	218	8	X(8)	Fill with DATE OF VISIT, DSS required field added by SAS	8/11
NOSHOW FLAG	226	1	x(1)	="BLANK" (to over-write any NOSHOW-built encounters, SAS adds)	

PRE Record Layout - Required Output from post Deblocker SAS for Input to DSS (cont.)

Element	Start Position	Length	Picture	Note	Date changed
Primary Care Team	227	4	X(4)		
Primary Care Provider	231	11	X(11)		
Time	242	6	X(6)		
Race	248	1	X(1)		
Util Built	249	1	X(1)	="N" (to over-write any UTIL-BUILT encounters, SAS adds)	
Alias	250	15	X(15)	for V19 TRICARE pilot	9/97
Insurance Code	265	3	X(3)	for V19 TRICARE pilot	9/97
Primary Elig Code	268	3	X(3)	for V19 TRICARE pilot	9/97
Verification Method	271	3	X(3)	for V19 TRICARE pilot	9/97
Sharing Patient Flag	274	1	X(1)	for enrollment & v19 pilot	9/97
OBS Flag	275	1	X(1)	= "Y" if Treat spclty = 24, 18, 41, 36, 23, 65, or 94	9/97
		275			

Do not send this medical record view for inpatients

*PRE Prescription Extract Format (*MR and Util)*

All prescriptions for the selected date range are extracted. For Outpatient Pharmacy Version 5.6, the fill date is used to select for DAY field. For OP Version 6.0, the release date is used.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	INSTITUTION file (#4)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's social security number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	Determined by a call to IN5^VADPT.	1
6	Day	Day of the month on which this event occurred	8
7	Division	OUTPATIENT SITE file (#59)	3
8	Provider	PROVIDER file (#6) (Preceded by 6) or NEW PERSON file (#200) (Preceded by 2)	11
9	VA Drug Classification	VA Drug Classification for the drug/supply item in this prescription.	5
10	Mail	1 if this prescription was mailed from the VAMC; 2 if mailed from a CMOP.	1
11	Placeholder1	Placeholder for future use.	1
12	New	1 if this is a new prescription.	1
13	Placeholder2	Placeholder for future use.	1
14	Quantity	Quantity of drug dispensed (1 to 4 characters).	4
15	Cost	Cost of drug dispensed (dollar amount between 0 and 10000; 2 decimal digits).	8
16	Placeholder3	Placeholder for future use.	1
17	Movement File #	PATIENT MOVEMENT file(#405)	8
18	Treating Specialty	SPECIALTY file (#42.4)	6
19	Placeholder4	Placeholder for future use.	1
20	Unit of Issue	Units in which this item was dispensed (1-10 characters).	10
21	Date of Birth	Patient's date of birth	8
22	Eligibility	1-character eligibility code	1
23	Veteran	Veteran? (Y/N)	1
24	Copay	1 for Yes; 0 for No	1
25	New PRE Feeder Key	Feeder Key for the drug in this record.	20
26	Investigational (DEA Special Handling)	I for Investigational	1
27	Days Supply	Number of days covered by this prescription (a number between 1 and 31; 0 decimal digits).	3
28	Primary Care Team	TEAM file (#404.51)	4
29	Primary Care Provider	NEW PERSON file (#200)	11
30	Time	Time of day when the perspiration fill/refill was released (6-digit military time).	6
31	Race	RACE file (#10)	1

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RUN DATE 09 FEB 1998 UTILITIES
Medical Records Posting Layout

Feeder System: NOS9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	77	6	C	1		L	
STOP CODE	83	3	C	1		L	
TREATING SPCLTY	94	6	C	1		L	
BIRTHDATE	100	8	C	1		L	
ELIGIBILITY CODE	108	1	C	1		L	
VETERAN	109	1	C	1		L	
BILLING STATUS	110	1	C	1		L	
CLINIC VISITS	111	1	C	1		L	
CALC RPM	112	1	C	1		L	
CCM CASE TYPE	113	8	C	1		L	
NOSHOW FLAG	121	1	C	1		L	
ADMIT DATE	124	6	C	1		L	
DISCHARGE DATE	132	6	C	1		L	
PRE FLAG	138	1	C	1		L	
PRIMARY CARE TEAM	139	4	C	1		L	
PRIMARY CARE PROVIDER	143	11	C	1		L	
PROVIDER	154	11	C	1		L	
RACE	165	1	C	1		L	
UTIL BUILT	166	1	C	1		L	

Feeder System: NOS9801 Fields Defined 29

NOS Record Layout - Required Output from post Deblocker SAS for Input to DSS

Data Element	Start Position	Length	Picture	Note	Changed since last version
Feeder System ID	1	10	X(10)	= NOS9801 (added by SAS)	12/18
Rectype	11	3	X(3)	= "MR" (MR Rec Type because encounter will never be over-written by NPCD (NPCD doesn't record no-shows) (added by SAS)	
Encounter Number	14	20	X(20)	SSN+YYJJJ(Julian)(DATE OF VISIT)+SSS(Stopcode)	12/18
Company Code (Hosp/Station)	34	3	X(3)		
Fiscal Year	37	2	X(2)		
Fiscal Period	39	2	X(2)		
Facility (Division)	41	7	X(7)		
Patient # (DFN)	48	9	X(9)	DSS field: INTERNAL NUMBER	
SSN	57	10	X(10)		
Patient Name	67	4	X(4)	DSS field: NAME	
In/Out Code	71	1	X(1)	= 'O' for outpatient do not send record for inpts.	12/18
Date of Visit	72	6	X(6)		
Stop Code	78	3	X(3)		
Filler (Movement File No.)	81	8	X(8)	Not read into DSS, retained in Extract for research	
Treating Specialty	89	6	X(6)	DSS field: TREATING SPCLTY	
Birth Date	95	8	X(8)	DSS field: BIRTHDATE [see (a) thru (d) below]	
Eligibility Code	103	1	X(1)	DSS field: ELIGIBILITY CODE	
Veteran Status	104	1	X(1)	DSS field: VETERAN	
Billing Status	105	1	X(1)	= 'F' (added by SAS)	
Clinic Visits	106	1	X(1)	= '1' (added by SAS - required by TSI)	
CALC RPM	107	1	X(1)	= 'Y' (added by SAS - required by VA)	
CCM Case Type	108	8	X(8)	="NOS" (added by SAS)	
NOSHOW FLAG	116	1	X(1)	= 'Y' (added by SAS)	
Admit Date	117	6	X(6)	DATE OF VISIT, added by SAS - required by TSI software	12/16
Discharge Date	123	6	X(6)	DATE OF VISIT, added by SAS - required by TSI software	12/16
PRE FLAG	129	1	X(1)	="BLANK" (added by SAS - to over-write if up-dates a PRE-built enc.	12/16
Primary Care Team	130	4	X(4)	New for FY97	12/18
Primary Care Provider	134	11	X(11)	New for FY97	12/23
Provider	145	11	X(11)	New for FY97	12/18
Race	156	1	X(1)	New for FY97	12/18
Util Built	157	1	X(1)	= "N" (added by SAS to over-write if up-dating a UTIL-BLT enc.	12/18
		157			

Do not send record for inpatients

** SAS will insert a valid birth date in all records:

a) If there is a valid birth date in the record, it will be used.
b) If there is a valid birth year, but no month or day, month "01" and day "01" will be used with the birth year to create the BIRTHDATE.
c) If there is a valid birth year and month in the record, day "01" will be added to create the BIRTHDATE
d) If there is no valid birth date or birth year, the value of "19000101" will be inserted into BIRTHDATE

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RUN DATE 09 FEB 1998 UTILITIES
Medical Records Posting Layout

Feeder System: CLI9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	39	2	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	77	6	C	1		L	
OVERBOOK INDICATOR	97	1	C	1		L	
CLINIC NAME	98	6	C	1		L	
TREATING SPCLTY	112	6	C	1		L	
BILLING STATUS	118	1	C	1		L	
CALC RPM	119	1	C	1		L	
CCM CASE TYPE	120	8	C	1		L	
CLINIC VISITS	128	1	C	1		L	
PRIMARY CARE TEAM	135	4	C	1		L	
PRIMARY CARE PROVIDER	139	11	C	1		L	
PROVIDER	150	11	C	1		L	
CPT4 CODE	161	8	C	1		L	
ICD9 CODE	169	7	C	1		L	
BIRTHDATE	176	8	C	1		L	
ELIGIBILITY CODE	184	1	C	1		L	
VETERAN	185	1	C	1		L	
RACE	186	1	C	1		L	
UTIL BUILT	187	1	C	1		L	
PRE FLAG	188	1	C	1		L	
NOSHOW FLAG	189	1	C	1		L	
CLI FLAG	190	1	C	1		L	
STOP CODE	191	3	C	1		L	
ADMIT DATE	196	6	C	1		L	
DISCHARGE DATE	204	6	C	1		L	
POW	210	1	C	1		L	
POW LOCATION	211	2	C	1		L	
RADIATION	213	1	C	1		L	
ENCOUNTER IONIZING RAD	214	1	C	1		L	
AGENT ORANGE	215	1	C	1		L	
ENCOUNTER AGENT ORANGE	216	1	C	1		L	
PROVIDER TYPE	217	7	C	1		L	
PROVIDING MD	224	11	C	1		L	
ALIAS	235	15	C	1		L	
INSURANCE CODE	250	3	C	1		L	
PRIMARY ELIG CODE	253	3	C	1		L	
VERIFICATION METHOD	256	3	C	1		L	
SHARING PATIENT FLAG	259	1	C	1		L	
OBS FLAG	260	1	C	1		L	

Feeder System: CLI9801 Fields Defined 48

CLI Record Layout - Required Output from post Deblocker SAS for Input to DSS

Data Element	Start Position	Length	Picture	Note	Date changed
Feeder System ID	1	10	X(10)	*="CLI9801" (added by SAS)	8/97
Rectype	11	3	X(3)	*= "MR" (added by SAS)	
Encounter Number	14	20	X(20)	*= SSN+YYJJJ(Julian)(DATE OF VISIT)+SSS (Stop code).	
Company Code (Hosp/Station)	34	3	X(3)		
Fiscal Year	37	4	X(4)		8/97
Fiscal Period	41	2	X(2)		
Facility (Division)	43	7	X(7)		
Patient # (DFN)	50	10	X(10)	DSS field: INTERNAL NUMBER	8/97
SSN	60	9	X(9)		8/97
Pseudo SSN Ind	69	1	X(1)		8/97
Name	70	4	X(4)		
In/Out Code	74	1	X(1)	*= "O" for outpatients **Send no record for inpatients**	
Date of Service	75	8	X(8)	DSS field: DATE OF VISIT, skip 14: Feederkey	
FeederKey	83	14	X(14)	Not read into DSS see note #	1/28
Overbook Indicator	97	1	X(1)		
Clinic Name	98	6	X(6)		
filler (Movement File Number)	104	8	X(8)	Not read into DSS, left in extract for site problem research	
Treating Specialty	112	6	X(6)	DSS field: TREATING SPCLTY	
Billing Status	118	1	X(1)	*= 'F' (added by SAS)	10/97
CALC RPM	119	1	X(1)	*= 'Y' (added by SAS)	
CCM Case Type	120	8	X(8)	*="CPT"+"-"+first 4 characters of CPT (added by SAS)	
Clinic Visits	128	1	X(1)	*= '1' (added by SAS), Skip 6: Time	
Time	129	6	X(6)	Not read into DSS	8/97
Primary Care Team	135	4	X(4)		
Primary Care Provider	139	11	X(11)		
Provider	150	11	X(11)		
CPT4 Code	161	8	X(8)	1st CPT code(numerically, not Primary) DSS field: PRIMARY CPT CODE - SAS: if no-show (last char of fdrkey = 'N') send Null and Billing status = F	8/97
ICD9 Code	169	7	X(7)	New in FY 97, 1st ICD code(numerically, not Primary) - SAS: if no-show (last char of fdrkey = 'N') send Null and Billing status = F	
Birthdate	176	8	X(8)	DSS field: BIRTHDATE	
Eligibility Code	184	1	X(1)	DSS field: ELIGIBILITY CODE	
Veteran	185	1	X(1)		
Race	186	1	X(1)		
Util Built	187	1	X(1)	*= "N"	
PRE Flag	188	1	X(1)	*= "blank" (to over-write PRE flag if this will up-date an encounter previously built from a PRE record	
No Show Flag	189	1	X(1)	*= "blank" (to over-write NOSHOW flag if this will up-date an encounter previously built from a Noshow record. **If this is a no-show record (last character of FDRKEY = N) set NOSHOW Flag to "Y" new in FY 97**	10/97
CLI Flag	190	1	X(1)	*= "Y" (added by SAS) **If this is a no-show record (last character of FDRKEY = N) set CLI Flag to "blank"; If last character of FDRKEY = Q - See Note # below**	1/28
Stop Code	191	3	X(3)	Primary Stop Code, first 3 characters of Feeder Key	

CLI Record Layout - Required Output from post Deblocker SAS for Input to DSS (cont.)

Data Element	Start Position	Length	Picture	Note	Date changed
Admit Date	194	8	X(8)	DATE OF VISIT, required by DSS software, added by SAS	8/97
Discharge Date	202	8	X(8)	DATE OF VISIT, required by DSS software, added by SAS	8/97
POW Status	210	1	X(1)	New in FY98, used to build encounter	8/97
POW Location	211	2	X(2)	New in FY98, used to build encounter	10/31/97
Radiation Exposure Status	213	1	X(1)	New in FY98, used to build encounter	8/97
Encounter Radiation Exp	214	1	X(1)	New in FY98, used to build encounter	8/97
Agent Orange Status	215	1	X(1)	New in FY98, used to build encounter	8/97
Encounter Agent Orange	216	1	X(1)	New in FY98, used to build encounter	8/97
Provider Type (Person Class)	217	7	X(7)	New in FY98, used to build encounter & Providing MD null until patch 1	10/31/97
Providing MD	224	11	X(11)	Use provider type to determine if filled * note below	8/97
Alias	235	15	X(15)	for V19 TRICARE pilot, Null until mid-FY 98	8/97
Insurance Code	250	3	X(3)	for V19 TRICARE pilot, Null until mid-FY 98	8/97
Primary Elig Code	253	3	X(3)	for V19 TRICARE pilot, Null until mid-FY 98	8/97
Verification Method	256	3	X(3)	for V19 TRICARE pilot, Null until mid-FY 98	8/97
Sharing Patient Flag	259	1	X(1)	SAS adds: for V19 TRICARE pilot, Null until mid-FY 98	8/97
OBS Flag	260	1	X(1)	SAS adds + "Y" if: 1) first 3 characters of Feeder Key = 290 thru 296, or 2) fourth thru sixth characters of Feeder Key = 290 thru 296, or 3) Primary CPT4 Code = 99217 thru 99220	10/97
		260			

Send no records for inpatients

Note *: Providing MD SAS fills this field with the value in Provider field if Provider is an MD
Provider is an MD if Provider Type (Person Class) field value is within the range V110000 to 119999, inclusive
Note #: If the last character of the Feederkey = Q: Make CLI Flag = Q 1/28
For DCM records, change last character of Feederkey from Q to 0 1/28
For DCR records, change last character of Feederkey from Q to 0 1/28

UTL PRT.MRPOST TEMPLATE DESIGN SYSTEM PAGE 26
RUN DATE 09 FEB 1998 UTILITIES
Medical Records Posting Layout

Feeder System: NPC9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
FISCAL YEAR	40	2	C	1		L	
FISCAL PERIOD	42	2	C	1		L	
DIVISION	44	3	C	1		L	
INTERNAL NUMBER	47	10	C	1		L	
SSN	57	9	C	1		L	
PSEUDO SSN IND	66	1	C	1		L	
DATE OF VISIT	69	6	C	1		L	
BIRTH YEAR	77	2	C	1		L	
ZIP CODE	79	5	C	1		L	
SEX	84	1	C	1		L	
POW	85	1	C	1		L	
PERIOD OF SERVICE	86	2	C	1		L	
ENCOUNTER ELIGIBILITY	88	3	C	1		L	
PURPOSE OF VISIT	91	2	C	1		L	
LOCATION OF VISIT	93	1	C	1		L	
DSS IDENTIFIER	94	6	C	1		L	
VIETNAM	103	1	C	1		L	
AGENT ORANGE	104	1	C	1		L	
RADIATION	105	1	C	1		L	
MEANS TEST INDICATOR	106	2	C	1		L	
NUMBER OF DEPENDANTS	108	2	C	1		L	
PRIMARY CPT4 CODE	110	10	C	1		L	
CPT4 CODE	120	10	C	10		L	****
STATE	220	2	C	1		L	
COUNTY	222	5	C	1		L	
BILLING STATUS	227	1	C	1		L	
CALC RPM	228	1	C	1		L	
CCM CASE TYPE	229	8	C	1		L	
CLINIC VISITS	237	1	C	1		L	
PRIMARY PROVIDER TYPE	238	6	C	1		L	
PROVIDER TYPE	244	6	C	4		L	****
PRIMARY ICD9	268	7	C	1		L	
ICD9 CODE	275	7	C	10		L	****
RACE	345	1	C	1		L	
VETERAN	352	1	C	1		L	
ENCOUNTER AGENT ORANGE	353	1	C	1		L	
ENCOUNTER IONIZING RAD	354	1	C	1		L	
PRE FLAG	355	1	C	1		L	
NOSHOW FLAG	356	1	C	1		L	
UTIL BUILT	357	1	C	1		L	
PROCESSING DATE	358	8	C	1		L	
VHA ENCOUNTER ID	372	15	C	1		L	
AAC UPDATED DATE	387	8	C	1		L	
ADMIT DATE	397	6	C	1		L	
DISCHARGE DATE	405	6	C	1		L	

UTL PRT.MRPOST TEMPLATE DESIGN SYSTEM PAGE 27
RUN DATE 09 FEB 1998 UTILITIES
Medical Records Posting Layout

Feeder System: NPC9801

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
POW LOCATION	411	2	C	1		L	
STOP CODE	413	3	C	1		L	
CLI FLAG	416	1	C	1		L	
BIRTHDATE	417	8	C	1		L	
NPCD FLAG	425	1	C	1		L	
NPCD OUTPT PROVIDER	426	11	C	1		L	
PROVIDING MD	437	11	C	1		L	
PRIMARY CPT QTY	448	2	C	1		L	
CPT4 CODE QTY	450	2	C	10		L	****
OBS FLAG	470	1	C	1		L	
NAME	471	4	C	1		L	

Feeder System: NPC9801 Fields Defined 59

NPCD Medical Records View for FY98 Output Necessary from Post-Deblocker SAS for input to DSS

Element	Start in	Length	Picture	Comments	NPCD Table	Date changed
Feeder System ID	1	10	X(10)	= NPC9801		8/11/97
Rectype	11	3	X(3)	= "MR"		12/5/97
Encounter No.	14	20	X(20)	= SSN+YYDDD(Julian)+SSS (Primary Stop code)		
Company Code	34	3	X(3)	NPCD = Facility_Number	Care_Encounter	
In/Out Code	37	1	X(1)	= "O"		
Fiscal Year	38	4	X(4)	Use FY for Encounter_Start_Date		8/11/97
Fiscal Period	42	2	X(2)	Use fiscal period (month) for Encounter_Start_Date (Oct = 01, Nov = 02, etc)		
Facility(Facil (3)+Div (2)	44	3	X(3)	NPCD = Facility_Suffix	Care_Encounter	
Patient # (DFN)	47	10	X(10)	DSS field: INTERNAL NUMBER		8/11/97
SSN	57	9	X(9)	NPCD = SSN	Patient	
Pseudo SSN Ind	66	1	X(1)			8/11/97
Visit Date	67	8	X(8)	NPCD = Encounter_Start_Date	Care_Encounter	8/11/97
Birth Year	75	4	X(4)	NPCD = Birth_Year	Patient	
ZIP Code	79	5	X(5)	NPCD = ZIP_Code	Patient_Demographic	
Sex	84	1	X(1)	NPCD = Sex_Code	Patient_Demographic	
POW	85	1	X(1)	NPCD = POW_Indicator	Patient_Demographic	
Period of Service	86	2	X(2)	NPCD = Period_Of_Service (One character in DSS)	Patient_Demographic	
Encounter Eligibility	88	3	X(3)	NPCD = Encounter_Eligibility_ Code	Care_Encounter	
Visit Purpose	91	2	X(2)	NPCD = Purpose_Of_Visit_Code	Ambulatory_Encounter	
Visit Location	93	1	X(1)	NPCD = Location_Of_Visit_Code	Ambulatory_Encounter	
DSS Identifier	94	9	X(9)	NPCD = DSS_Identifier	Care_Encounter	
Vietnam	103	1	X(1)	NPCD = Vietnam_Service_Code	Patient_Demographic	
Agent Orange	104	1	X(1)	NPCD= Agent_Orange_Exp_Code	Patient_Demographic	
Radiation	105	1	X(1)	NPCD= Ionizing_Rad_Exp_Code	Patient_Demographic	
Means Test	106	2	X(2)	NPCD=Means_Test_Category_Code	Patient_Demographic	
Dependents	108	2	X(2)	NPCD = Number_Of_Dependents	Patient_Demographic	
Primany CPT4 Code*	110	10	X(10)	NPCD = Procedure_Code (Use CPT Code with Primary Flag)	Enc_Procedure	
CPT4 Code*	120	100	X(100)	NPCD = Procedure_Code (Multiply-occurring: 10 times)	Enc_Procedure	9/97
State	220	2	X(2)	NPCD = State (Numeric value)	Patient	
County	222	5	X(5)	NPCD = County_Code	Patient_Demographic	
Billing Status	227	1	X(1)	= 'F'		
CALC RPM	228	1	X(1)	= 'Y'		
CCM Case Type	229	8	X(8)	="CPT"+"-"+first 4 characters of first CPT (Use CPT code with primary flag)		
Clinic Visits	237	1	X(1)	= '1'		
Primary Provider Type*	238	6	X(6)	NPCD = Practitioner_Type_Code (Use Provider Type Code with Primary Flag)	Encounter_Practitioner	
Provider Type*	244	24	X(24)	NPCD = Practitioner_Type_Code (Multiply-occurring: 4 times)	Encounter_Practitioner	9/97

NPCD Medical Records View for FY98 Output Necessary from Post-Deblocker SAS for input to DSS (cont.)

Element	Start in	Length	Picture	Comments	NPCD Table	Date changed
Primary ICD-9 Code*	268	7	X(7)	NPCD = Diagnostic_Code (Use ICD-9 Code with Primary Flag)	Encounter_Diagnosis	
ICD9 Code*	275	70	X(70)	NPCD = Diagnostic_Code (Multiply occurring-DSS takes up to 10)	Encounter_Diagnosis	9/97
Race	345	1	X(1)	NPCD = Race_Code	Patient	
filler	346	6	X(6)	Skip - former NPCD Date_Of_Birth [Not read into DSS (six char.)]		
Veteran-Non Vetean	352	1	X(1)	NPCD = Veteran_Indicator	Patient_Demographic	
Encounter Agent Orange	353	1	X(1)	NPCD = Agent_Orange_Indicator	Ambulatory_Encounter	
Encounter Ionizing Rad	354	1	X(1)	NPCD = Ionizing_Radiation_Indicator	Ambulatory_Encounter	
PRE Flag	355	1	X(1)	= BLANK		
NOS Flag	356	1	X(1)	= BLANK		
Util Built	357	1	X(1)	= "N"		
Processing Date	358	8	X(8)	from NPCD Processing_Date_Time	Care_Encounter	
Processing Time	366	6	X(6)	from NPCD Processing_Date_Time (Not read into DSS)	Care_Encounter	
VHA Encounter ID	372	15	X(15)	NPCD = Encounter_ID	Care_Encounter	
AAC Updated Date	387	8	X(8)	NPCD = AAC_Updated_Date	Care_Encounter	
Admit Date	395	8	X(8)	NPCD = Encounter_Start_Date (Fill with Visit Date)	Care_Encounter	8/11/97
Discharge Date	403	8	X(8)	NPCD = Encounter_Start_Date (Fill with Visit Date)	Care_Encounter	8/11/97
POW Location	411	2	X(2)	NPCD = POW_Location_Code	Patient_Demographic	
Stop Code	413	3	X(3)	Primary Stop Code, first three characters of DSS Identifiers		
CLI Flag	416	1	X(1)	= BLANK		
Birth Date	417	8	X(8)	NPCD = Date_Of_Birth YYYYMMDD (If not complete, create from Birth Year + "0101")	Patient	
NPCD Flag	425	1	X(1)	= "Y"		8/11/97
NPCD Outpt Provider*	426	11	X(11)	Null until mid-FY 98		8/15/97
Providing MD*	437	11	X(11)	Use provider type to determine if filled (Null until mid-FY 98)		8/15/97
Primary CPT Qty*	448	2	X(2)			9/24/97
CPT4 Code Qty*	450	20	X(20)	Two char each X 10 = total 20 multiply occurring (Qty for each CPT4 Code - multiply-occurring up to 10 times SAS always use two characters)		9/24/97
OBS Flag	470	1	X(1)	SAS adds: = Y if: 1) first 3 characters of DSS Identifier = 290 thru 296, or 2) If fourth thru sixth characters of DSS or 3) Primary CPT4 or CPT4 Code = 99217 thru 99220		10/1/97
Name	471	4	X(4)	First 4 of patient's family name	Patient_Demographic	10/31/97
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* NPCD does not maintain the link between provider, ICD-9 nor CPT codes. If there is more than 1 provider, NPCD (and hence DSS) cannot link which provider performed which CPT nor assigned which ICD-9.